



An Coimisiún Le Rincí Gaelacha

Medical Certificate Form

To be completed and signed by a Medical Doctor (MD or equivalent)

The applicant _____ suffers from / has the condition

They have explained to me in detail what the ADCRG examination entails. I am satisfied that this medical condition does not put the candidate at risk.

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____