

**MEDICAL CERTIFICATE**

**Lance Cole (DOB: 17/01/1963)**

I, ..... of .....  
.....

being a registered medical practitioner, **CERTIFY** in my opinion, that the abovenamed's disability is likely to result in him being unable ever to be employed in a capacity for which he's reasonably qualified because of his education, training or experience.

.....  
(Signature)

.....  
(Date)