

Self-Certification Form Sample

General Information

- Full Name: _____
- Identification Number: _____
- Occupation: _____
- Contact Information:
 - Phone: _____
 - Email: _____
 - Address: _____

Certification Statement

I certify that the following statements are true to the best of my knowledge:

1. My health status does not prevent me from fulfilling my professional duties.
2. I have completed all necessary training for my role.
3. My residence details are up-to-date.
4. I have not been convicted of any offenses relevant to my role.
5. I am fully compliant with my organization's policies.

Section	Details	Confirmation <input type="checkbox"/>
Health	No known medical conditions	
Training	Completed all required courses	

Compliance Following company guidelines

Signature: _____

Date: _____