



6. I certify that I have personally examined Dr./Shri/Smt./Kum.. ..... and seen his/her other medical reports and my recommendations are recorded below.

7.	Work with/in/at	Recommendations
.1.	Chemicals and hazardous materials including prescribed materials	Fit/Unfit
.2.	Machines	
.2.1	Cranes	Fit/Unfit
.2.2	Locomotives	Fit/Unfit
.2.3	Fork lifts	Fit/Unfit
.3.	Blasting by compressed air/steam for cleaning of articles.	Fit/Unfit
.4.	Radioactive Area	Fit/Unfit
.5.	Any other work specified by the Competent Authority.....	Fit/Unfit

Signature of Certifying Surgeon

Name .....

Reg.No. ....

Date:

Note: Strike out whichever is not applicable.

Medical Examination Record

S.No.

Date of

Remarks

\_\_\_\_\_  
Last Examination

\_\_\_\_\_  
Next Examination