CERTIFICATE OF FITNESS TO WORK ON SPECIFIED JOB

(See rules 7(3), 32 Sch. III, 33, 55, 88)

1.	Name	ame of the Factory:										
2.	Name of the Person											
	(In Block letters) and Employee No.											
	Sex: M/F		Date of	Date of birth:								
3.	Educational Qualifications:											
4.	Previo	ous Experience :										
	Field of Experience:											
5.	Detail	ls of Medical Examination	:	Date								
	.1.	Heightcm.		.2.	Weight	kg.						
	.3.	Hearing (Auditory Examination): Normal/Not normal*										
	.4.	Eyesight: Normal/Normal with spects/Not normal*										
		: Colour blindness : Yes	s/No									
	.5.	General Laboratory I Normal/Not normal*	nvestigations	s (Blo	ood, urine,	excreta,	sputum	etc.)				
	.6.	.6. Pulmonary function & Chest Examination : Normal/Not normal*										
		(including X ray examin	ation)									
	.7.	Nervous system: Normal/Not normal*										
	.8.	Overall health assessmen	nt:									

^{*} Specify the condition & remedial measures.

6.	I certify that I have personally examined Dr./Shri/Smt./Kumseen his/her other medical reports and my recommendations are recorded below.								
7.	Work	with/in/at			Recommendations				
.1.			rdous materials		Fit/Unfit				
		ling prescribed							
.2.	Machines								
.2.	.2.1	Cranes			Fit/Unfit				
	.2.2	Locomotive	c		Fit/Unfit				
		Fork lifts	5		Fit/Unfit				
2	.2.3								
.3.	Blasting by compressed air/steam Fit/Unfit								
		eaning of artic	les.						
.4.	Radio	active Area			Fit/Unfit				
.5.	Any o	other work spe	cified by the		Fit/Unfit				
	Comp	etent Authorit	ty						
					Signature of Certifying Surgeon				
					Name				
Date:					Reg.No				
Note:	Strike (out whichever	is not applicable.						
			Madical Essentia	odine Doggad					
			<u>Medical</u> Examin	nation Record					
S.No.			Date of		Remarks				
			Last Examination	Next Examin	ation				