

FORM No. 26

(See rule 131)

**Certificate of fitness for employment in hazardous processes/dangerous operations**

(To be issued by Certifying Surgeon)

1. Serial number in the register of adult workers :
2. Name of person examined :
3. Father's name :
4. Sex :
5. Residence :
6. Date of birth, if available :
7. Referred by -
  - (a) Name and address of the factory :
  - (b) Name of the manager :
8. The worker is proposed to be employed in-
  - (a) Hazardous process :
  - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks are \_\_\_\_\_ and who is desirous of being employed in above mentioned process/operation and that his/her age nearly as can be ascertained from my examination, is \_\_\_\_\_ years and in my opinion he/she is fit/unfit for employment in the same process/operation.

He/she is fit to be employed and may be employed in some other non-hazardous operations such as \_\_\_\_\_

He/she may be produced for further examination after a period of \_\_\_\_\_

He/she is advised following further examination \_\_\_\_\_

He/she is advised following treatment \_\_\_\_\_

The serial number of the previous certificate is \_\_\_\_\_

Signature or left hand thumb  
impression of person examined

Signature of  
Certifying Surgeon

Date:

I certify that I have examined the person mentioned above on (date of examination)	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms observed during examination	Signature of Certifying

*Note:-*To be issued by the Certifying Surgeon and a copy maintained in a bound book or in a file.