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.