

FROM No. 29
(See rule 90-N)

Certificate of fitness of employment in hazardous process and operations

(To be issued by Factory Medical Officer)

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

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, as nearly as can be ascertained from my examination, is _____ years.

In my opinion he/she is fit for employment in the said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for the reasons _____. He/she is referred for further examination to the Certifying Surgeon.

The serial number of the previous certificate is _____

Signature or left hand thumb
impression of person examined:

Signature of the
Factory Medical Officer:

Date:

Stamp of Factory Medical Officer
with name of the factory:

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 the factory Medical Officer with date

Note:- (1) If declared unfit, reference should be made immediately to the Certifying Surgeon.
(2) Certifying Surgeon should communicate his findings to the occupier within 30 days of the receipt of this reference.