

FORM NO. 33

(Prescribed under Rule 68-T and 102)

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 the person examined :
3. Father's Name :
4. Sex :
5. Residence :
6. Date of birth, if available :
7. Name & address of the factory :
8. The worker is employed/proposed :
 - (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, as can be ascertained from my examination, isyears.

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 reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory :

| I certify that I examined the person entioned above on (date of examination) | I extend this certificate unfit (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. |
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Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.]