## 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 work	ers	:		
2.	Name of the p	person examined	:		
3.	Father's Nam	e	:		
4.	Sex		:		
5.	Residence		:		
6.	Date of birth,	if available	:		
7.	Name & addr	ess of the factory	:		
8.	The worker is	employed/proposed	:		
	(a) Hazardous	s process	:		
	(b) Dangerou	s operation	:		
arehis/her, ag In my opi	and ge, as can be asonion he/she is finion he/she isHe/She	personally examined who is desirous of bein certained from my examit for employment in the unfit for employment is referred for further exious certificate is	ig employed in above in attention, is	we mentioned proceyears.  ng process/operation eturing process/operation Certifying Surgeon.	ss/operation and tha
_	or left hand thun of the person	9	nature of the Factor	ry Medical Officer :	
	Stamp of factory Medical Officer with				
	Name of the Factory				
I cer	tify that I	I extend this certi	ficate unfit (if	Signs and	Signature of the
	ed the person	certificate is not exte	ended, the period	symptoms	Factory medical
	ned above on	for which the worker		observed During	Officer with
(date of	Examination)	for work is to be	e mentioned)	examination	date.

## 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.]