

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 mentioned 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.

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.]