FORM 29

Prescribed under Rule 81 A1

Certificate of fitness for employment in hazardous processes and Operations

(To be issued by Factory Medical Officer)

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1.	Serial No. in the register of adult workers:			
	Name of the person examined : Father's Name :			
	Sex : Residence :			
6.	Date of birth, if available :			
7.	Name & Address of the factory :			
8.	The workers is employed/proposed to to be employed a) Hazardous : b) Dangerous operation :			
	Certify that I have personally examined the above named person whose identification marks are			
	In my opinion he/she is fit for employment in the said manufacturing process/operation.			
	In my opinion he/she is fit for employed 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 Thumb impression of person examined/ Signature of the factory Medical Officer			

Stamp of Factory Medical Officer with name of the Factory

examined the person mentioned above	I extent this Certificate will(if certificate is not extended, the period for which the workers is considered unfit for work to be mentioned.	symptoms observed during	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 be occupier within 30 days of the receipt of this reference.