

FORM 27
(Prescribed Under Rule 122)
Certificate of Fitness for employment in hazardous
Processes/dangerous operations
(To be issued by Certifying Surgeon)

1. Serial number in the register of adult workers :
2. Name of person examined :
3. Father's name :
4. Sex :
5. Residence :
6. Date of birth, if available :
7. Referred by -
 - (a) Name & address of the factory
 - (b) Name of the manager
8. The worker is proposed to be employ in -
 - (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 his/her age, as nearly as and can be ascertained from by examination, is..... years and in my opinion he/she is fit/unfit for employment in the said process/operation.

He/she is fit to be employed and may be employed in some other non-hazardous operation such as

He/She may be produced for further examination after a period of.....

He/She is advised following further examination.....

He/She is advised following treatment.....

The serial number of the previous certificate is

Signature or left hand thumb

Impression of person examined :

Date :

Signature of
Certifying Surgeon:

I certify that I 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 certifying Surgeon
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Notes:- To be issued by the Certifying Surgeon and a copy to be maintained in a bound book or in a file.