|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.4. ANNEX (4) – FITNESS TO WORK CERTIFICATE** | | | | | | | | |
| **Emp Name** | | | | | | | **Payroll** | |
| **Gender** | **:** | **Male 🗹 female 🞏** | | | | | | |
| **Job** | | |  | | | | | |
| **DOB** | | |  | | | | | |
| **This FTW Health Certificate has been issued based on the personal health statement examination and evaluation.**  **After complete review the Medical Documents (Investigation Results Reports, Medical Reports of Examinations & Test & Medical History).** | | | | | | | | |
| **Done On Date : / /** | | | | | | | | |
| **For: Mr. / Ms. and declared him / her Fit To Work (FTW) for Assignment.** | | | | | | | | |
| **Onshore** | | | | **🗹** |  | **Offshore** | | **🗹** |
| **Office** | | | | **🗹** |  | **Driver** | | **🞏** |
| **Food Handler** | | | | **🞏** |  | **Working At Height** | | **🗹** |
| **Remote Areas** | | | | **🞏** |  | **FTW With Restrictions** | | **🞏** |
| **Others: (Specify)**  **NAD** | | | | | | | | |
| **Restrictions: (Specify)**  **NAD** | | | | | | | | |
| **Notes:**  **NAD** | | | | | | | | |
| **FTW Certificate validity: 6Month 🞏 12 Month 🗹 24 Month 🞏** | | | | | | | | |
| **This FTW Health Certificate is valid until: / / 2024** | | | | | | | | |
| **Doctor’s Name: Maged Sakr Stamp:**  **Signature:** ---------------------------------------  **Date : / /** | | | | | | | | |