

CERTIFICATE OF MEDICAL EXAMINATION

1 Certificate Serial No..... Date :

2 Name :

Identification Mark (1)..... (2).....

(i) UAN/ Aadhaar No: (ii) Mobile No:

3 Father's Name.....

4 Sex.....

5 Residence..... Son/Daughter of.....

6 Date of birth, if available..... and / or certificate age.....

7 Physical fitness.....

I hereby certify that I have personally examined (name)..... son/ daughter/ wife of
..... residing at..... Who is desirous of being employed in
building and construction work that his/ her age as nearly as can be ascertained from my examination is.....
years and that he/ she is fit for employment in..... as an adult/ adolescent
.

8 Reason for-

(1) Refusal or certificate.....

(2) Certificate being revoked.....

signature/ Left hand Thumb impression of building worker

Signature with seal Medical Inspector/C.M.O.

Note-

1. Exact details of cause of physical disability should be clearly stated.

2. Functional/ productive abilities should also be stated if disability is stated.

3. This format is prepared in line with the requirements of BOCWA central rule no. 223(C) schedule VII form IX and Mah rule 250(C) form XXVIII

4. Medical examination as per Annexure-I

Name of Project : Etemia, Mulund project

Name of the contractor :

Physical Examination		Enquiry of Previous history	
a) Height		a) Varicose	
b) Weight		b) Seizure	
c) Blood Pressure		c) Vertigo	
d) Pulse		d) Acrophobia	
e) Hearing		e) Diabetes	
f) Refractive error		f) Stroke	
g) Colour Vision		g) Heart Diseases	
h) Any Disability		h) Major Illness or Surgery	
i) Arm Function & Grip		i) Symptoms Visible	
j) Leg & Foot Function		j) Others, if any	
Vertigo Test for height work			

Additional checks for Operators and Drivers (As Per BOCW act and Rules)

- Vision: Total visual performance and standard orthorator like Titmus Vision which includes (Separate reports to be attached)
 - a. Night Vision
 - b. Visual Perception
 - c. Glare Resistance & Recovery
 - d. Peripheral Vision
- Breathing: Peak flow rate using standard peak flow meter and the average peak flow rate (Separate reports to be attached)

Additional checks for Welders:

- Examine & check for symptoms of respiratory diseases.
- If suspected Chest X-ray taken to confirm fitness (Separate reports to be attached, if conducted)

Additional checks for Food Handlers (Workmen involved in preparation & supply)

- Careful examination for skin diseases
- Personal Hygiene such as hair, nails etc.
- Chest X-ray if preliminary examination reveals chest congestion (Separate reports to be attached, if conducted)