

Form 27

[PRESCRIBED UNDER SCHEDULE VI TO RULE 94]

Special Certificate of fitness

(In respect of [Persons employed in operations involving use of lead compounds])

Serial No.

Date

I hereby certify that I have personally examined son of residing at who is desirous of being employed as in the and that his age, as nearly as can be ascertained from my examination is years, and that he is, in my opinion fit for employment at work involving the use of lead compounds.

His descriptive marks are:
Left
thumb- impression of
person examined

Certifying Surgeon

I certify that I examined the person mentioned above on	I extend this Certificate until	Signature of Certifying Surgeon	Note of symptoms of lead poisoning (if any)
1	2	3	4