

FACTORIES AND INDUSTRIAL UNDERTAKINGS REGULATIONS
MEDICAL EXAMINATION REPORT

Part I. (To be completed in duplicate by the proprietor of the industrial undertaking).

To:
(name of medical practitioner by whom examination is to be carried out)

1. I,
(full name of proprietor)

.....
(residential address of proprietor)

the proprietor of
(name of industrial undertaking)

situated at
(address of industrial undertaking)

request you to examine
(full name of Employee/proposed Employee*)

in accordance with regulation 16C(3) of the Factories and Industrial Undertakings Regulations.

2. This Employee/proposed Employee* is/will be* employed to work underground as a

.....
(specify nature of Employee's/proposed Employee's* occupation)

and first commenced/will commence* such work on
(specify date or proposed date)

Date:

Signature of proprietor:

Part II. (To be completed in duplicate by the Employee or proposed Employee).

A. *Full Name of Employee/proposed Employee**

Date of Birth

Residential Address.....

.....

B. *History of Past Illnesses.*

(a) Is there a history of pulmonary tuberculoses?

.....

If so give details.....

.....

.....

(b) Is there a history of other chronic respiratory disease?

.....

.....

.....

(c) Is there a history of heart disease, diabetes mellitus or any other serious or prolonged disease?

.....

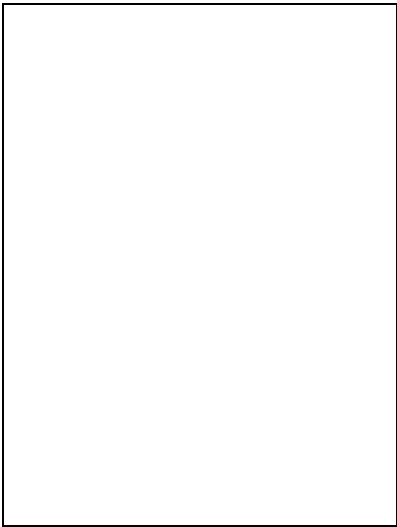
C. *Present Complaints (if any).*

.....

I declare that to the best of my knowledge the answers given above are accurate.

Date:

Signature of Employee/proposed Employee:*



(Full face photograph of person examined).

Part III: (To be completed in duplicate by examining medical practitioner).

A. General Nutrition.....
Weightkg Heightmm
Eyes: Visual acuity R. L. Ears
Cardiovascular System Pulse rate B. P.
.....
.....
Abdomen
Hernias
Genito-urinary System
Urine Sp.G. Alb. Sugar
Skeletal System
Upper limbs
Lower limbs
Nervous System
.....
B. Chest X-ray Examination (date.....)
Dr..... reports as
(medical practitioner by whom X-ray examination is made)
follows:
.....
.....
C. I have examined the above named
(full name)
in accordance with this report, and consider that he is fit/unfit* to work underground in an
industrial undertaking to which Part IIA of the Factories and Industrial Undertakings Regulations
applies.
Date:
Signature of Examining Medical Practitioner:
Name of Examining Medical Practitioner:
(block capitals)
Address:
.....
Telephone Number:

Notes: (a) One copy of this completed form should be sent by the examining medical practitioner under confidential cover to the senior occupational health officer, Occupational Health Division, Labour Department. The other copy is to be retained by the examining medical practitioner.
(b) * Delete whichever is inapplicable.