

# Certificate of Fitness for Work at Heights

**Name of Worker:**

**Employee ID:**

**Designation:**

**Name of Employer:**

**Work Location/Site:**

**Medical Examination Date:**

**Certificate Valid Until:**

**Examining Medical Officer:**

**Medical Registration Number:**

**Declaration:**

This is to certify that the above named employee has undergone a medical examination and has been found fit to perform work at heights as per the prescribed standards.

**Date of Issue:**

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Certificate valid only if signed by the examining medical officer.