

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:

Certificate valid only if signed by the examining medical officer.