

CERTIFICATE OF MEDICAL EXAMINATION

Name of the Project :

Certificate Serial No.: _____

Date :

1. Name of the workman : _____
2. **Trade of the workman : _____
3. Identification marks : (1) _____
(2) _____
4. Father's/ Husband's/ wife's Name : _____
5. Sex : _____
6. Residence Address : _____
7. Date of birth, if available : _____ and/or certificate age _____
8. 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 and 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.

9. Reason for--

- (1) Refusal of certificate
- (2) Certificate being revoked

**Signature/Left hand Thumb
impression of building worker**

**Signature with Seal Medical
Practitioner/ Office**

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 BOCW central rules (rule no. 223), schedule VII and modifying the form – XI of the same. In addition to this, state BOCW rules specific requirements shall be included, if any.

** a) Physical Examination & previous history enquiry to be conducted for all workmen

b) Additional checks to be carried as per annexure-I in case of Operators, Drivers, Food Handlers, Welders

c) Periodical medical examination to be conducted in every six months for applicable workmen as above (**as given in point b**).

Annexure-I

Medical Examination for all workmen

Physical Examination		Enquiry of previous history	
a) Height		a) Varicose	

FORM - XI
[See rule 223(c)]

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	

Additional checks for Operators & Drivers (As Per Bocw Act & Rules)

- **Vision :** Total visual performance and standard orthorator like Titmus vision which includes (Separate reports to be attached)
 - Night vision
 - Visual perception
 - Glare Resistance & Recovery
 - 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 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)

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)

Physical Ability Test for Height Work

The above applicant has appeared at the following practical test conducted by _____ and the results are given below

Walking freely over the horizontal structure at an height of three meters	Pass	Fail
Wearing safety belt and anchoring hook in the ridged member	Pass	Fail
General physique	Pass	Fail
Claiming on ladder	Pass	Fail

The above applicant's performance in the above tests has been **satisfactory / un-satisfactory**. **He has been issued height pass.**