

BGC Health Services Appendix D Form E2 Fitness to Work Certificate

Employee Data						Date	
Last Name					First Name		
I.D No.		Age				Occupation	
Type of Medical Evaluation						Mark those applying √	
A1	Aircraft refuelling			A5	Crar	ne or forklift driving	
A2	Breathing apparatus			A6		ergency response n work	
A3 Business traveller			A7	Professional driving			
A4	Catering and food preparation			A8	Rem	note location work	

Health Advisor Statement The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time their fitness to work status for the above tasks is as follows.

Fit with no restrictions							
Fit with following restrictions The employee is fit for above work but should avoid the following tasks							
Work near moving machinery or sharp	Operate motor vehicles, foklifts or heavy machinery						
Working at height	Use a respirator						
Pull push carry weight over Kg	Repetitive twisting of valves or wrenches						
Ascend/descend ladders or stairs	Flying						
Other (Specifiy)							
These restrictions are Permanent							
These restrictions are temporary until	(date)						
Temporary Unfit until	(date)						
Permanently Unfit							

Date	Signature	Print Name