

**PROFORMA FOR MEDICAL EXAMINATION AND CERTIFICATE OF
FITNESS FOR THE COMPETENT PERSON UNDER “THE DOCK
WORKERS SAFETY, HEALTH AND WELFARE ACT’ 1986.**

Date of Examination:

Date of last Examination:

I. Personal data:-

1. Name.....
2. Age.....
3. Sex..... M/F.....
4. Designation.....
5. Plant.....
6. Employee Code No.....
7. Section.....
8. Qualification.....
9. Identification Marks: (1).
(2).

II. Occupational history:-

1. Present occupation.....
2. Type of work being done.....
 - (a) In the present occupation
 - (b) In the previous occupation
3. Years of Service:

III. Personal history:-

1. Smoking: Y / N Duration..... No. of Pack per day.....
2. Alcohol:
Occasional/Regular.....
3. Others: (Tobacco, Pan, Bhang
etc.).....
4. Family details: Married/Unmarried... 5. No. of children.....

**IV. Job specific personal protective equipments used (Mandatory/
Other than Mandatory).....**

V. History of past illness:

R S

CVS.....

CNS.....

GIT

Others.....

VI. History of present illness: Present Complaints and duration

1.....

2.....

3.....

4.....

5.....

VII. General Examination:-

- | | |
|--|----------------------|
| 1. Height.....Cms; | 2. Weight.....Kg; |
| 3.Nutritional Status:Normal/UnderNourished/Malnourished/Obese..... | |
| 4. Personal Hygiene..... | 5. Cyanosis..... |
| 6. Pulse...../ Minutes..... | 7. Liver..... |
| 8. Blood pressure.....mm Hg. | 9. Spleen..... |
| 10. Pallor..... | 11. Skin..... |
| 12. Clubbing..... | 13. Others..... |
| 14. Oedema..... | 15. Blood group..... |

VIII. Systemic Exam

- 1. R.S.....
- 2. CVS.....
- 3. P/A.....
- 4. Nervous System.....
- 5. Others.....

IX. INVESTIGATIONS:

- 1. Titmus Vision Test:
- 2. ECG:
- 3. Audiometry
- 4. PFR
- 5. Others

Place :

Date :

(Signature of Medical Officer)
Name & Seal of the empanelled
Medical Doctor approved by DGFASLI.
DGFASLI Order No & Date.....
.....
Medical Registration No.& Date.....
.....

FITNESS CERTIFICATE OF THE COMPETENT PERSON UNDER DOCK WORKERS (SAFETY, HEALTH & WELFARE) ACT 1986 AND REGULATION 1990.

(Before issuing the Certificate, Reference is invited to the Standard Physical Fitness for the work in Ports and Docks in the page 5).

I hereby certify that I have personally examined (name).....son/daughter/wife of residing atwho is desirous of being employed in.....in the capacity of and that his/her age as nearly as can be ascertained from my examination is.....years and that he/she is free from any disease or disability likely to endanger him and others on employment inin the capacity of..... and hence I declare him physically and mentally fit for employment.

Reason for—

- i) Refusal of fitness certificate.....
- ii). Certificate being revoked.....

Signature/Left thumb Impression of Competent Person

(Signature of Medical Officer)
Name & Seal of the empanelled Medical Doctor approved by DGFASLI.
DGFASLI Order No & Date.....
.....
Medical Registration No.& Date.....
.....

Place:

Date:

Note:

1. Certificate to be supported by the results of medical examination and investigation results in the prescribed proforma.
2. Exact details of the cause of physical disability should be clearly stated.
3. Functional/Productive abilities should be stated if disability is stated.

STANDARD OF PHYSICAL FITNESS FOR THE WORK IN PORTS AND DOCKS

- (i) General Physique:
- (ii) Vision: Total visual performance using Standard Orthorator like Titmus Vision Tester should be estimated and suitability for placement in accordance with the prescribed job standards.
- (iii) Hearing: Persons with normal hearing must be able to hear a forced whisper at twenty four feet. Person using hearing aids must be able to hear a warning shout under noisy working conditions.
- (iv) Breathing: peak flow rate using standard Peak Flow Meter and the average peak flow rate determined out of these readings of the test performed. The results recorded at pre-placement medical examination could be used as a standard for the same individual at the same altitude for reference during subsequent medical examination.
- (v) Upper Limbs: Adequate arm function and grip (both hands).
- (vi) Lower Limbs: Adequate Leg and Foot function.
- (vii) Spine: adequately flexible for the job concerned.
- (viii) General: mental alertness and stability with good eye, hand and foot co-ordination
- (ix) Any other tests which the examining doctor considers on the requirements of specific nature of works.