

**FORM NO. 30**  
(Prescribed under Schedule VI of Rule 102)

**Special Certificate of Fitness**

(In respect of person employed in operation involving use of lead compounds.)

Serial No. ....

Date

I hereby certify that I have personally examined ..... Son of.....  
Residing at ..... who is desirous of being employed as.....  
In the .....and that his age, as nearly as can be ascertained from my examination, is  
.....years and that he is, in my opinion, fit for employment at work involving the use of lead  
compounds.

His descriptive marks are

Left Thumb Impression of person examined
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Certifying Surgeon.

I certify that I examined the person mentioned above on	I extend this certify until	Signature of certifying surgeon	Note of symptoms of lead poisoning (if any)