

**Part D – Certificate of Fitness**

Name	
Date of Birth	
Employer	
Site	
Position	
Examined by	
Date	

Medically fit and healthy in relation to the occupational demands of their usual role.

Has a stable medical condition that imposes a restriction on some aspect of their usual role;  
 or  
 Has a medical condition that requires ongoing medical monitoring.

Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

Comments:

Chest x-ray current (as per Order 41 requirements)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Medical Practitioner/Practice details or stamp  P O Box 693, Hamilton, Qld 4007	Name
	Signature

\*\*\*Disclaimer: This document is provided to the employer as a certificate of fitness only, and is not intended to serve as a certificate of compliance with Order 41. For information regarding compliance with Order 41, please contact CS Health on (02) 6571 9900.\*\*\*