

MEDICAL CERTIFICATE

TO BE RETAINED BY EMPLOYER

WORKCOVER
NEW SOUTH WALES

ASBESTOS MEDICAL EXAMINATION

This Certificate must be made available for inspection on request by any authorised officer of the WorkCover Authority of New South Wales.

I have examined Mr

on _____ and have found him

to be medically fit to work in their current job. There is no detectable clinical evidence of asbestos related disease.

Re-examination is required no later than a period of
24 months from the date of this examination.

DRAFT

Signed _____

Dr
Authorised Medical Practitioner

Date: