

CONFIRMATION ON HEALTH CONDITION

Applicant/certified person	
Name, surname, title:	
Date of birth:	Place of birth:
Permanent address	Street, number:
	Town:
	Post code:

Applicant / Certified Person requires a medical inspection.

Job title:

- welder
- plastics welding personnel
- brazers / brazing operators
- welding operators / weld setters for mechanized and automatic

Related activities*:

- Work in heights above 10 m
- Dust
- Noise
- Aerosols
- Work at night
- Working with a source of ionizing radiation
- Working in an environment with ionizing radiation

This confirmation is issued for CERTIFICATION OF WELDING AND TESTING, s.r.o.

Appointee is / is not* capable of performing work in a given profession.

In.....date.....

Name, stamp and signature of the physician.....

* delete as appropriate