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| CONTROL OF PLANTS ACT (CHAPTER 57A)CONTROL OF PLANTS (CULTIVATION OF PLANTS)**(LICENSING AND CERTIFICATION) RULES** |
|  |
| CERTIFICATE OF FITNESS |
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| Name of Person examined: |       |
| Identification Number: |       | Gender: | [ ]  Male [ ]  Female |
| Date of Birth: |       | Race: |       |
| Name and Address of Employer / Farm: |       |
| Examination/Tests done and results of: \*      |
| I, |       | hereby certify that I have examined the above above-named |
|  | (Name of Doctor) |  |
| person on  |       | and that he/she is fit/ not fit for work in horticultural farms  |
|  | (Date) |  |
| which may expose him/her to pesticide poisoning. |
|  |
| Remarks (if any):      |
|  |  |  |       |  |       |  |
|  | Signature |  | Date |  | Name and Address of Practice |  |
|  |
| *Footnote:**\* Fill and/or attach results of the tests done, in particular:*1. *a general medical examination to certify that he/she is fit for farm work*
2. *a clinical examination for signs and symptoms of organophosphate poisoning*
3. *a red blood cell acetyl cholinesterase estimation (lab test)*
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