FORM 'I'

[See rule 7 *[***]]

CERTIFICATE OF MEDICAL FITNESS FOR EACH MEMBER OF THE STAFF OF A HOTEL AND RESTAURANT

*[******]

Dated.....

MEDICAL FITNESS CERTIFICATE

I hereby certify that I have fully examined Mr./Mrs./Miss.....

.....

(Name of Person)

an employee / apprentice or candidate for employment in .....

hotel/restaurant as.....and am satisfied that he/ she has not disease contagious or otherwise, constitutional weakness or infirmity of mind or body except.....

I do not consider this a disqualification for the job performed by him/her.

He/she is not suffering from any communicable disease.

Signature of Medical practitioner

Registration No.....

Name.....

Official seal

Signature of
Person examined.