

The Control of Lead at Work Regulations (Northern Ireland) 2003

Certification of unfitness/fitness

Employer's name and address	From (name and address of Appointed Doctor <i>including</i> postcode)

Certifications by Appointed Doctor						
Name of worker	Work activity	Date of medical assessment (eg 01/01/16)	Unfit for exposure to lead or unfit for exposure to lead under stated conditions	AD's signature and date (eg 01/01/16)	Fit to return to work with lead (if subject to conditions, please specify)	AD's signature and date (eg 01/01/16)

Continued overleaf

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			Certifications by Appointed Doctor			
Name of worker	Work activity	Date of medical assessment (eg 01/01/16)	Unfit for exposure to lead or unfit for exposure to lead under stated conditions	AD's signature and date (eg 01/01/16)	Fit to return to work with lead (if subject to conditions, please specify)	AD's signature and date (eg 01/01/16)