

<u>Organization Name</u>		MEDICAL CERTIFICATE for holder of TRC/LWTR/RATING issued under authority of DG CAA in accordance with CAA Regulations	
NAME _____		PLO Ref No. _____	
Address _____			
TRC No. _____		LWTR NO. _____	
NIC No. _____	Tel No. _____	Staff No. _____	

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is frequently required to stand; use hands to finger, handle, or feel and talk or hear. The employee is occasionally required to walk; sit; reach with hands and arms and climb or balance. The employee must regularly lift and / or move up to 10 pounds and occasionally lift and / or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.

While performing the duties of this Job, the employee is occasionally exposed to wet and/or humid conditions; moving mechanical parts and vibration. The noise level in the work environment is usually moderate.

The colour vision was tested with: (Strike off which is not applicable)

- 1) Pseudo-Isochromatic plates 2) Approved Lantern Test
- 3) Any other test applicable . (Give Details)

Certified that applicant has:

- 1) Colour vision : Normal Defective Safe Defective Unsafe
- 2) Physical disabilities: Yes No

Remarks:

Name & Reg.Number _____

Dated _____ **Signature**
Registered Medical
Practitioner _____

Holder's Signature _____