HSE

Health and Safety Executive

Employment Medical Advisory Service
The Control of Lead at Work Regulations 2002

Certificate of unfitness / fitness

Employer's name and address	From (name and address of EMA / AD)

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

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