

FORM-“I”

(Reference Rule-7' of the Pakistan Hotels and Restaurant Rules-1977)

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

MEDICAL FITNESS CERTIFICATE.

I hereby certify that I have fully examined Mr./Mrs./Miss
_____ an employees /apprentice or candidate for employment in
M/s _____ Hotel/Restaurant as _____
(Category)

and I am satisfied that he/She has no disease Contagious or otherwise
constitutional weakness or infirmity of mind or body except. _____

2. I do not consider this a disqualification for the job performed by him/her.
3. He/She is not suffering from any communicable disease.

Signature of _____
(Medical Practitioner,
Reg.No.

Signature/thumb
impression.Of person
examined.

Name. _____

Official Seal. _____

Dated: