

Occupational Safety & Health Act 1994(Act 514)

Use and Standard of Exposure of Chemicals Hazardous to Health Regulations 2000

**MEDICAL REMOVAL PROTECTION**

1. Name of Worker.....

2. NRIC/Passport No. ....

3. Socso No. .... 4. Date of Birth.....

5. Sex :  Male  Female

6. Name and Address of Workplace.....

7. Date of starting employment..... Duration Of Employment(in years) .....

8. Health Hazard Present (use one form for one chemical).....

I certify that the above named person examined by me on (dd/mm/yy).....  
should not continue to work as (designated)..... in (place of work) .....  
..... Department/ section for ..... months, Subject to a review on  
(dd/mm/yy).....

In the mean time, he should be given alternative work in another department / section which does not  
expose him to (name of individual chemical).....

The reason for my recommendations are as follows (please v) :  Pregnancy  Breast feeding  
 Abnormal result  Toxicity based on History & Physical Examination  
 Specify others: .....

Name of OHD(in BLOCK LETTERS).....

OHD DOSH Registration number.....

Practice address.....

.....

Email Address.....

H.P..... Tel..... Fax .....

.....  
OHD Signature

.....  
Date

Note: This certificate should be completed in triplicate and the original copy forwarded to the Director General, Department of Occupational Safety and Health, Level 2, 3, & 4, Block D3, Parcel D, 62530 Putrajaya and must include the actual results of the relevant examination/tests. The quantitative results(e.g blood lead) the exact figures and measurements units must be clearly stated. Also include copy of qualitative results(e.g Chest X-ray). Incomplete form will be returned