**The form of the document issued outside the Russian Federation on the absence of medical contraindications to work as a welder.**

|  |
| --- |
|  |
| (medical organization entitlement) |
|  |
| (address) |

**Conclusion preliminary (periodic) medical examination (examination)**

1. Full name.

2. Place of work:

2.1. The organization name (company)

2.2. Shop site

3. Job Title (position) (at present time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of works: welding works

4. According to the results of the medical examination (Survey) the employee **has no** medical contraindications to the harmful and / or hazardous materials and production factors.

Chairman of the Medical Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(Signature) (Full name)

Stamp

"\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) "\_\_\_" \_\_\_\_\_\_\_\_\_20\_\_.

(employee signature) (Full name)