

L.N. 24/2005

**THE FACTORIES AND OTHER PLACES OF WORK ACT (MEDICAL EXAMINATION) RULES, 2005**

Citation 1. These Rules may be cited as the Factories and Other Places of Work (Medical Examination) Rules, 2005.

Interpretation 2. In these Rules except where the context otherwise requires: -  
“medical examination” means examination of workers exposed to specified occupational hazards indicated in the First Schedule to these Rules for the purpose of prevention and control of occupational diseases.

“ employer” includes owner and/or occupier.

“employee” person means a person who has entered into or works under a contract of service or of apprenticeship or learnership, with an employer whether the contract is express or implied, oral or in writing and whether the remuneration is calculated by time or by work done or is in cash or in kind.

“designated health practitioner” means any medical practitioner whether a public officer or not who is authorized by the director, by certificate in writing, to carry out examination of workers in accordance with, and for the purposes of these Rules.

“directorate” means the directorate of occupational health and safety Services.

“occupational diseases” means any departure from health occasioned by exposure to any factor or hazard in the workplace.

“workplace” includes any land, premises, location, vessel or thing at, in, upon or near which an employee is on the course of employment.

Application 3. These Rules shall apply to medical examination of all those employees in employment or have been in employment in every workplace, to which the provisions of the Act apply.

Occupations Requiring Medical Examination 4. (1) It shall be the duty of the employer to ensure that all persons employed in any of the occupations outlined in the Eighth Schedule to the Act undergo both pre-employment and periodic medical examinations by the Designated Health Practitioner as outlined in the First Schedule.

(2) The fees to be charged by the designated health practitioner shall be as prescribed by the director.

(3) The minister may, in the Gazette, publish any other work involving risk their health of the employees

Duties of employers and employees as to medical examination

5.(1) The employer shall ensure that the examination takes place without any loss of earnings for the employees and if possible within normal working hours during their employment.

(2) The costs in connection with such examination shall be paid by the employer.

(3) The employees and former employees shall be under an obligation to undergo medical examination in accordance with these Rules.

(4) Any person who contravenes this provision shall commit an offence.

Reports on Examination

6. (1) Results of the examinations shall be entered into each individual's medical record by the designated health practitioner and shall be updated with each examination whenever repeat tests are carried out.

(2) Summary report forms as outlined in the Second Schedule shall be completed after medical examination for each hazard and shall be submitted within 30 days to the director and a copy sent to the employer.

(3) If there is more than one hazard in the same workplace, separate summary report forms shall be used for each hazard.

Certificate of Redeployment

7. (1) If it is desirable that an employee be removed from further exposure to a particular hazard, the certificate of redeployment as outlined in the Third Schedule shall be filled and be completed in triplicate and a copy sent to the employer, employee and the director within seven days from the date of the examination

(2) In these rules, unless where it is otherwise indicated, all abnormal examination results shall be repeated within two weeks to ensure consistency.

Certificate of Fitness

8. (1) Examination results for persons entering employment or those returning from sick leave occasioned by occupational diseases shall be entered into the certificate of fitness as outlined in the Fourth Schedule, which shall be kept by the designated health practitioner, and a copy thereof given to the employee.

(2) If an employee is exposed to more than one of the specified hazards, a separate certificate of fitness shall be completed for each hazard.

Notification

9. (1) The provisions of section 22 of the Act regarding the notification of occupational diseases shall apply *mutatis mutandis* for all abnormal results as if they were set out therein.

(2) Notification shall contain particulars as outlined in the notification form in the Fifth Schedule to these Rules.

Offences and Penalties

10. Any person who contravenes these Rules shall be guilty of an offence and the provisions of the principal Act shall apply.

**FIRST SCHEDULE (RULE 4)**  
**Occupations Requiring Medical Examination (s)**

	<b>Work Involving Risk To Health</b>	<b>Medical Examinations</b>	<b>Examination Interval</b>	<b>Indication For Re-Deployment And Notification To The Director</b>
1	Handling animals, animal products, animal carcasses, veterinary work, laboratory and health work	Clinical examination	Pre employment and annual	All cases of definite or suspected zoonotic diseases.
2	Work with arsenic and its compounds	1. Clinical examination 2. Estimation of urinary arsenic content 3. Full size chest x-ray 4. Sputum cytology	Pre employment and annual for all	(i) All cases of definite or suspected arsenic poisoning. (ii) Cases with urine arsenic levels of 500 <i>micrograms per litre</i> in two successive examinations at two weeks interval. (iii) All cases with evidence of cancer.
3.	Work where asbestos is handled	1. Clinical examination 2. Lung function tests. 3. Full size chest x-ray 4. Sputum cytology	Pre-employment and annual for all	(i) Symptomatic worker. (ii) Progressive deterioration in chest X-ray findings. (iii) Suspected or diagnosed cases of asbestosis is and/or mesothelioma and bronchogenic carcinoma.
4.	Work involving exposure to benzene	1. Clinical examination 2. Full haemogram	Pre-employment and annual for both	(i) All cases of definite or suspected poisoning and excessive absorption. (ii) Cases with urine phenol levels of more than 50 <i>micrograms per litre</i> in two successive examinations at a

				two weeks interval (iv) Cases of anaemia and/or leukaemia.
5.	Work involving exposure to cadmium	1. Clinical examination 2. Blood cadmium estimation. 3. Urine beta 2 micro globulin.	Pre-employment and annual for all	(i) All cases of definite cadmium poisoning and excessive absorption. (ii) Cases with blood cadmium levels of more than 100 <i>micrograms per litre</i> in two successive examinations at a two weeks interval. (iii) Cases with urine beta 2 micro globulin exceeding 200 <i>micrograms per litre</i> . (iv) All cases with evidence of cancer (lung, prostate).
	<b>Work Involving Risk To Health</b>	<b>Medical Examinations</b>	<b>Examination Interval</b>	<b>Indication For Re-Deployment And Notification To The Director</b>

6	Work in adverse atmospheric pressure and compressed air environments	Clinical examination	<p>Pre-employment and thereafter</p> <ol style="list-style-type: none"> <li>a. Not less than once in every 3 months for working pressures not exceeding 1 bar.</li> <li>b. Not less than once in every 4 weeks for working pressure exceeding 1 bar.</li> <li>c. Not more than 3 days prior to re-employment in compressed air:             <ol style="list-style-type: none"> <li>(i) After a worker has been employed for more than 14 consecutive days.</li> <li>(ii) After a worker has suffered from cold, chest infection, sore throat and ear ache.</li> <li>(iii) After a worker has suffered from any illness or injury necessitating absence from work more than three consecutive days</li> </ol> </li> </ol>	<p>(i) Type II compressed air illness</p> <p>(ii) Cases with evidence of conditions for which compressed air work is contraindicated.</p> <p>(iii) Cases with juxta-articular lesions</p>
		1. Height, weight and body fat estimation	Pre-employment and annual	
		2. Audiometry	Pre-employment and annual	
		3. Test in lock	Pre-employment and annual	
		4. Full-size chest X-ray	Pre-employment and annual	
		5. Radiographic examination for shoulder, hip and knee joints	Pre-employment to be carried out within 4 weeks of starting employment in compressed air exceeding 1 bar. Thereafter not less than once in ever 12 months	

		6. Stress electrocardiogram	Pre-employment and annual for workers aged more than 35 years	
7	Handling fossil oil	Clinical examination	Pre-employment and annual	Any abnormal dermatological or respiratory sign.
	<b>Work Involving Risk To Health</b>	<b>Medical Examinations</b>	<b>Examination Interval</b>	<b>Indication For Re-Deployment And Notification To The Director</b>
8	Work where ionising and non-ionizing radiations are emitted.	Clinical examination	Pre-employment and annual	Abnormal visual and/or clinical sign.
9	Work involving exposure to Iron.	Clinical examination	Pre-employment and annual	Any abnormal respiratory sign.
10.	Work involving exposure to lead and its compounds.	1. Clinical examination	(a) Pre-employment and annual	Cases of suspected lead poisoning.
		2. Blood lead levels.	(b) Pre-employment, annual and a repeat depending on blood lead level.	Males and females with blood lead levels of 70 <i>micrograms per litre</i> in every 100 millilitres and 50 <i>micrograms per litre</i> in every 100 millilitres respectively.
		3. Haemoglobin level.	(c) Pre-employment annual and a repeat depending on blood lead level.	Cases of anaemia.
		4. Urine lead level.	(d) Pre-employment annual and a repeat depending on urine lead level.	Cases with urine lead levels of 150 <i>micrograms per litre</i> in two successive examinations within two weeks.
11.	Work involving exposure to manganese and its compounds.	1. Clinical examination.	a. Pre-employment and annual	(i) Cases of definite or suspected manganese poisoning.
		2. Urine manganese	b. Pre-employment annual and a repeat depending on urine manganese level	(ii) Cases with urine manganese levels of more than 50µg/litre in two successive examinations within two weeks.
12.	Work involving exposure to mercury and its compounds	1. Clinical examination.	(i) Pre-employment and annual	(i) Cases of definite or suspected mercury poisoning.
		2. Urine mercury.	(ii) Pre-employment annual and a repeat depending on urine mercury level.	(ii) Cases with urine mercury levels of more than 150 µg litre in two successive examinations within two weeks
		3. Blood mercury.	(iii) Pre-employment, annual and a repeat depending	

			on blood mercury level.	
13.	Work involving exposure to nickel, chromium, beryllium	1. Clinical examination. 2. Lung function tests.	Pre-employment and annual for both	Abnormal skin and lung manifestations.
	<b>Work Involving Risk To Health</b>	<b>Medical Examinations</b>	<b>Examination Interval</b>	<b>Indication For Re-Deployment and Notification to The Director</b>
14.	Work involving exposure to noise.	Audiometric examination	Pre-employment and annual.	i. Cases with definite or suspected noise induced deafness. Cases with deterioration of hearing loss of 20dB or more in two successive examinations within two weeks.
15.	Work involving exposure to organophosphate pesticides / carbamates/other pesticides.	1. Clinical examination.	(a) Pre-employment periodic and a repeat depending on results.	(i) All cases of definite or suspected poisoning and/ or excessive absorption.
		2. Red blood cell acetyl cholinesterase estimation.	(b) Pre- employment and repeat depending on results.	(ii) Cases with Red blood cell acetyl cholinesterase estimation. of less than 50% of the pre-employment or laboratory normal level.
		3. Plasma cholinesterase estimation	(c)(i) Pre-employment, periodic and a repeat depending on result;  (ii) following accidental skin contact or in suspected acute poisoning cases.	(iii) Cases with Red blood cell acetyl cholinesterase estimation. of between 50% and 70% of the pre-employment level showing a fall of more than 10% in the repeat test results.
16.	Work involving exposure to silica	1. Clinical examination. 2. Full size chest x-ray. 3. Lung function tests.	Pre-employment and annual for all	i. Cases with definite evidence of Silicosis. ii. Cases with cardio-respiratory diseases.
17.	Work involving exposure to sisal, cotton, baggasse and mouldy hay.	1. Clinical examination. 2. Lung function tests.	Pre-employment and annual for both	i. Cases with grade two symptoms. ii. Cases with chronic bronchitis and emphysema. iii. Cases with more than 20% decline in ventilators capacity in two successive annual examinations.
18.	Work involving exposure to tar pitch, bitumen and creosote.	Clinical examination	Pre-employment and annual	i. Cases with pre-malignant lesions and definite or suspected benign/malignant neoplasm of the skin or

				lungs.
19.	Work at adverse temperatures.	Clinical examination	Pre-employment and annual	Any significant abnormal dermatological or respiratory sign.
	<b>Work Involving Risk To Health</b>	<b>Medical Examinations</b>	<b>Examination Interval</b>	<b>Indication For Re-Deployment And Notification To The Director</b>
20.	Work involving exposure to vinyl chloride monomer	1. Clinical examination. 2. Liver function tests.	Pre-employment and annual for both.	i. Cases of definite or suspected vinyl chloride monomer poisoning. ii. Abnormal liver function tests on two successive examinations.

## SECOND SCHEDULE RULE (6)(2)

### Summary Report Form

This form should be completed by the designated health practitioner and submitted to the Director within 30 days and a copy sent to the employer.

Name of workplace.....

Workplace registration No.....

Location .....

Tel.....

Address.....

Fax.....

Email.....

Type of risk to health.....

Number of workers exposed.....

#### RESULTS OF EXAMINATIONS

Number of employees examined.....

Number of employees with abnormal results.....

(a) Occupational diseases.....

(b) Non-occupational disease(s) .....

Number of employees recommended for re-deployment.....

I certify that the information given above is correct. Particulars of all workers with abnormal results including those recommended for re-deployment are attached.

Name of Designated Health Practitioner.....

Approved Registration No.....

Address.....

Physical address of office..... Tel.....

Fax.....

E-mail.....

Signature.....

Date.....

### THIRD SCHEDULE RULE (6)

### CERTIFICATE OF RE- DEPLOYMENT

**This form should be filled in triplicate and a copy of each sent within seven days to the employer, employee and the nearest Directorate of Occupational Health and Safety Office.**

1. Name of employee (as per identity card).....
2. Employment number.....
3. ID/passport No.....

- 4. Date of birth.....Sex.....
- 5. Name and Address of workplace.....
- 6. Type of risk to health present.....
- 7. Duration of exposure.....

I certify that the above named person examined by me on this day.....  
of ..... should not continue to work as a.....  
for ..... months, subject to a review on this day .....of .....

In the meantime, the employee should be given alternative work in another area which does not expose him/her to the above mentioned health risk. The reasons for my recommendations are as follows:-

.....  
.....  
.....

Date..... Signature.....

Name of Designated Health Practitioner.....

Approved registration no.....

Address.....

Physical address of office.....

Tel.....

Fax..... E-mail.....

#### FOURTH SCHEDULE RULE (7)

#### CERTIFICATE OF FITNESS

This form should be filled for all those entering employment or returning from sick leave occasioned by an occupational disease as applicable.

- 1. Name of employee  
examined.....
- 2. ID/Passport No.....
- 3. Employment No.....

4. Date of Birth ..... Sex.....
5. Name and Address of employer.....  
 .....
6. Examinations/Test done.....  
 .....  
 .....  
 .....

I hereby certify that I have examined the above employee on.....this day  
 of..... and that he/she is fit / not fit

Remarks:.....  
 .....  
 .....  
 .....

Signature.....  
 .....

Date.....  
 .....

Name and Address of Designated Health Practitioner .....  
 .....

Approved registration No.....

Address.....  
 .....

Physical Location of office.....

Tel.....

Fax.....

E-mail.....

**FIFTH SCHEDULE (RULE 8)**

## NOTIFICATION FORM

This form shall be completed and forwarded to the nearest Directorate of Occupational Health and Safety Office by a Designated Health Practitioner or any medical practitioner attending to or called in to visit a patient whom he believes to be suffering from an occupational disease.

1. Name of patient.....
2. ID/Passport No.....
3. Employment No.....
4. Date of Birth..... Sex.....
5. Residential address.....
6. Name and Address of employer.....  
.....  
.....
7. Present Occupation.....
8. Number of years worked in present occupation.....
9. Diagnosis.....
10. If patient was previously seen by occupational Health Practitioner, state date of last attendance.....
11. Name of Designated Health Practitioner/ Medical Practitioner.....
12. Approved registration Number where applicable.....
13. Name and address of Hospital/Clinic.....  
.....
- Tel . No..... E-mail..... Fax.....
14. Medical Practitioner's Reference. File No. for patient.....  
Signature..... Date.....