

FORM No. 16

[See rule 89(4)]

**Record of eye examination for drivers and signaller of cranes, locomotives, etc.**

Serial Number:

Name of the worker:

His serial number in the register of adult worker:

Sex:

Date of Birth:

Department/works	Occupation		Examination of eye sight				Remarks	Signature of ophthalmologist
	Nature	Date of posting	Date	Result				
				L.E.	R.E.	Colour vision		
1	2	3	4	5	6	7	8	9

Note: (1) A separate page is to be maintained in respect of each worker.

(2) Periodicity for eye examination is once in a year upto the age of 45 years and half yearly thereafter