Notes:- (1) Separate page should be maintained for individual worker

(2) Fresh entry should be made for each examination.

[See rules 19(7) and 90N and Schedules III, IV, VIII, X, XIV, XVI, XX, XXII, XXVI, XXVII to rule 131] FORM No. 7

HEALTH REGISTER

Serial number in the register of adult workers

2. Name of worker

3. Sex:4. Date of birth:

1	Department/works	
2	Name of hazardous process	
3	Dangerous process/operation	
4	Nature of job of occupation	
5	Raw materials, products or by-products likely to be exposed to	
6	Date of posting	
7	Date of leaving/transfer to other work	
8	Reasons for discharge/leaving or transfer	
9	Date	ar
10	Signs and symptoms observed during examination	Medical examination and the result thereof
11	Nature of tests and results thereof	mination
12	Result fit/unfit	on eof
13	Period of temp withdrawal from that work	If decla
14	Reasons for such withdrawal	ared unf
15	Date of declaring him unfit for that work	f declared unfit for work
16	Date of issuing fitness certificate	
17	Signature with the date of the factory Medical Officer/the Certifying Surgeon	