

FORM NO. 32
(Prescribed under Rule 68-T and 102)

Health Register

1. Serial Number in the Register of adult Workers :
2. Name of Worker :
3. Sex :
4. Date of birth :

1	2	3	4	5	6	7	8	Medical examination Results therefore				If declared unfit for work				
								9	10	11	12	13	14	15	16	
Department Works	Name of Hazardous process	Dangerous process/operation	Nature of job or occupation	Raw materials, products or By-products likely to be exposed to	Date of posting	Date of leaving/transfer to or transfer	Reasons for Discharge/ leaving or transfer	Date	Signs and symptoms Observed during examination	Nature of tests	Result Fit/Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	Signature with date of the factory Medical Officer/ the Certifying Surgeon.

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.
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