

FORM NO. 17

[PRESCRIBED UNDER RULE 14]

Health Register

(In respect of persons employed in occupations declared to be dangerous operations under Section 87)

Name of Certifying Surgeon :

(a) Mr.....

(b) Mr.....

(c) Mr.....

From.....

From.....

From.....

To

To

To

1	Serial No.																			
2	Works No.																			
3	Name of worker																			
4	Sex																			
5	Age (birth day)																			
6	Date of employment on present work																			
7	Date of leaving or transfer to other works																			
8	Reason for leaving, transfer or discharge																			
9	Nature of job or occupation																			
10	Raw material or by-product handled																			
11	Dates of Medical Examination by Certifying Surgeon Result of Medical Examination																			
12	If suspended from work, state period of suspension with detailed reason																			
13	Recertified fit to resume duty on (with signature of Certifying Surgeon)																			
14	If certificate of unfitness or suspension issued to worker																			
15	Signature with date of Certifying Surgeon																			

Note — (i) Column 8. Detailed summary of reasons for transfer or discharge should be stated

(ii) Column 11. should be expressed as fit/unfit/suspended.