

# FORM NO. 30

[PRESCRIBED UNDER SUB-RULE (4) OF RULE 61 (B)]

## RECORD OF EYE EXAMINATION

Sl. No.	Department/ Works	Name of Worker	Sex	Age (on last birthday)	Occupation		Examination of eye sight		Signature of ophthalmologist	Remarks
					Nature	Date of Employment	Date	Result		
1	2	3	4	5	6	7	8	9	10	11