

# The Tamil Nadu Factories Rules

## FORM 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. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (b) Mr. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (c) Mr. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Sl. No.	Works No.	Name of worker	Sex	Age (last birthday)	Date of employment on present work	Date of leaving or transfer to other work	Reason for leaving, transfer or discharge	Nature of job, or occupation	Raw material or by-product handled
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dates of Medical Examination by Certifying Surgeon	If suspended from work, state period of suspension with detailed reasons	Recertified fit to resume duty on (with signature of Certifying Surgeon)	If certificate of unfitness or suspension issued to worker	Signature with date of Certifying Surgeon
Result of Medical Examination				
(11)	(12)	(13)	(14)	(15)

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**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.