

Name :
 Designation :
 Address :

Date :

FORM 23

Prescribed under rule 21(5)

CERTIFICATE OF FITNESS

Serial number:

I certify that I have personally examined (name)Son of (father's name)..... residing at (address).....who is desirous of being employed as (designation) in (process, department and factory)and that his age, as nearly as can be ascertained from my examination, is.....years, and that he is, in my opinion, fit/unfit for employment in the above mentioned factory as mentioned above.

2. He may be produced for further examination after a period of.....

3. The serial number of the previous certificate is.....

Signature or left hand thumb impression
 of person examined :

Signature of Certifying Surgeon

Date:

I certify that I examined the person mentioned above on	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms Observed during Examination	Signature of the certifying surgeon

FORM 24

Prescribed under rule 2195) and rule 99

HEALTH REGISTER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Sl. No.	Department /Works	Name of worker	Sex	Age (at last Birthday)	Date of employment on	Date of leaving or transfer to other work with reasons	Nature of job or occupation	Raw materials, products or by-products likely to be exposed to	Date	Dates of medical examination and the results thereof	Signs and symptoms	Nature of tests and results thereof	If declared unfit for work, state period of suspension with	Whether certificate of unfitness issued to the workers	Re-certified fit to resume duty on	Signature of the Certifying surgeon with date