

Form No. 27

(See paragraph 9(2) of Schedule II to rule 131)

Health Register

Sr. No.	Department of work	Name of worker	Age at last birthday	Date of employment on present work	Date of leaving or transfer (with reasons for discharge or transfer)	Nature of job or occupation	Raw material or by-products handled	Date of weekly examination with result (fit/unfit)	Nature of symptoms	Signature of registered medical practitioner
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.