

FORM NO. 17

Prescribed under Rule 17(5) Schedule, II, III, IV, V, VI, IX, X, XII, XIV,
XV, XVIII, XX, XXI, XXII, XXIV, and XXV (prescribed under rule 102)

Health Register

(In respect of person 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 _____

Serial 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 occupation	Raw-material or by-product handled	Date of Medical Examination by Certifying Surgeon	If suspended from work state period of suspension with detailed reasons)	Rectified 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				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

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.