

FORM NO. 32
(Prescribed under Rule 68-T and 102)
Health Register

1. Serial Number in the Register of adult Workers : _____
2. Name of Worker : _____
3. Sex : _____
4. Date of birth : _____

Department Works	Name of Hazardous process	Dangerous process/operation	Nature of job or occupation	Raw materials, products or By-products likely to be exposed to	Date of posting	Date of leaving/transfer to or transfer	Reasons for Discharge/ leaving or transfer	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying Surgeon.
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

- Note :**
1. Separate page should be maintained for individual worker.
 2. Fresh entry should be made for each examination.