Notes:- (1) Separate page should be maintained for individual worker (2) Fresh entry should be made for each examination.	1	Department/works			
	2	Name of hazardous process		<ol> <li>Serial number in the register of adult workers</li> <li>Name of worker</li> </ol>	
	3	Dangerous process/operation			
	4	Nature of job of occupation			
	5	Raw materials, products or by-products likely to be exposed to		ne register	
	6	Date of posting			
	7	Date of leaving/transfer to other wor	k		
	8	Reasons for discharge/leaving or tra	insfer		
	9	Date	Medical examination If declared unfit for work and the result thereof		
	10	Signs and symptoms observed during examination			
	11	Nature of tests and results thereof			
	12	Result fit/unfit			
	13	Period of temp withdrawal from that work		3. Sex: 4. Date of birth:	
	14	Reasons for such withdrawal			
	15	Date of declaring him unfit for that work			
	16	Date of issuing fitness certificate			
	17	Signature with the date of the factory Medical Officer/the Certifying Surgeon			

FORM No. 7

HEALTH REGISTER