

Form No. 19
 [Prescribed under Rule 14]
Health Register

(In respect of persons 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 or occupation	Raw material or by product handled	Date of Medical Examination by Certifying Surgeon	Result of Medical Examination	If suspended from work, state period of suspension with detailed reasons	Re-certified to resume duty on (with signature of Certifying Surgeon)	If certificate of unfitness or suspension issued to worker	Signature, with date of Certifying Surgeon
1	2	3	4	5	6	7	8	9	10		11	12	13	14	15

For transfer or discharge should be stated Unfit/Suspended.