Form No. 19-A

[Prescribed under rule 100]

Serial No.	Dept. Works	Name of worker	Age at last birthday	Day of employment in present work	Date of leaving of transfer (with reasons for discharge or transfer)	Nature of Job or occupation	Raw materials or by products handled	Date of weekly examination with results (fit/unfit)	Note of symptoms	Signature of registered medical practitioner
1	2	3	4	5	6	7	8	9	10	11