

FORM NO.17
Prescribed under Rule 14
Health Register

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

	Medical Examination and the results thereof										If declared unfit, unfit for work					
Department/works	Name of hazardous process	Dangerous process/operation	Nature of job or occupation	Raw materials produce or by products likely	Date of posting	Date of leaving/transfer to other work	Reasons for discharge/leaving transfer	Date	Signs and symptoms observed	Nature of tests and results	Result Fit/Unfit	Period of temporary withdrawal from that work	Reasons for such withdrawal	Date of declaring him unfit	Date of assuing fitness certificate	Signature with Date of the Factory Medical Officer/the certifying Surgeon
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)

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

1. Subs, by Kerala Factories (Amendment) Rules, 2001, S.R.O No.1149/2001 dated 20-12-2001 in K.G.Ext. No.2073 dt. 28-12-2001.