FORM - 24

Prescribed under various Schedules to Rule 120

HEALTH REGISTER

Sl. No.	Department /Works	Name of worker	Sex	Age (at last Birthday)	Date of employment on present work	Date of leaving or transfer to other work with reasons for	Nature of job or occupation	Raw materials, products or by-products likely to be	Dates of medical examination and the results thereof		Signs and symptoms observed during	Nature of tests and results thereof	If declared unfit for work, state period of suspension with	Whether certificate of unfitness issued to the	Re-certified fit to resume duty on	Signature of the Certifying surgeon
									Dates	Result Fit or Unfit						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17