AP Factories Rules

FORM NO. 27-C

Prescribed Schedule XXI to Rule 95

Health Register

Serial Number	Department/Works.	Name of Worker.	Sex	Age (Last birthday).	Date of employment on present work.	Date of leaving or transfer to other work with reasons discharge or transfer.	Nature of job or occupation.	Raw materials, products or by-products likely to be exposed to.	Date of Medical Examination and the results thereof		Signs and symptoms observed during examination	Nature of tests and results thereof.	If declared unfit for work, state period of suspension with reasons in detail.	Whether certificate of unfitness issued to the workers.	Re-certified fit to resume duty on.	Signature of the certifying surgeon with date.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17