

**FORM NO. 20**  
(Prescribe under Rule 15)  
**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 workers	Sex	Age(last birth day)	Date of employment of present work	Date of leaving or transfer to other work
1	2	3	4	5	6	7

Reason for leaving, transfer or discharges	Nature of job or occupation	Raw material or By-product handled	Date of medical examination by Certifying Surgeon <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> Result of Medical Examination
8	9	10	11

Note :

- (i) Column 8.-Detailed summary of reason for transfer or discharge should be stated.
- (ii) Column 11.-Should be expressed as fit/until/suspended.

If suspended from work, state period of suspension with detailed reason	Certified fit to resume duty on with signature of Certifying Surgeon	If certificate of unfitness or suspension order issued to worker	Signature with date of Certifying Surgeon
12	13	14	15