FORM 29
(prescribed under various schedule to Rule 160)

HEALTH REGISTER

Sl.No	Deptt/ Works	Name of Workers	Sex	Age at last birth day	Date of employment on present work	Date of leaving or transfer to other work	Reasons for discharge or transfer	Nature of job or occupation	Raw materials products or by-products likely to be exposed to	Dates of medical examination and the results thereof		Signs and symptoms observed during examination	Nature of tests and results thereof	If declared unfir for work,sate period of suspension with reasons in details	Whether certificate of unfitness issued to the worker	Re-certified fit to resume duty on	Signature of the Certifying Surgeon with date
										Dates	Result Fit or Unfit						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18