परिशिष्ट-3

FORM 21

[Prescribed under Rule (19)]

Health Register

(In respect of persons employed in occupations declared to be dangerous operations under Section 87)

Na	ame of Cert	tifying Surgeo	n	(a) Shri (b) Shri (c) Shri	From From From		То То То	
Serial No.	Works No.	Name of Worker	Sex	Age (last birth day)	Date of employment on present work	Reason for leaving transfer or discharge	Reason for leaving transfer or discharge	Nature of job or occupation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Raw Date of Medical Examination by Certifying Surgeon and result of medical Examination		If suspended from work, state period of suspension with detailed reasons	Recertified fit to resume duty on (with signature of certifying surgeon)	If certificate of unfitness of suspension issued to work	Signature with date of certifying surgeon		
(10)	(11)			(12)	(13)	(14)	(15)
	(a) (d) (g)	(b) (e) (h)	(c) (f) (i)	76516Qv**	: (1) (2) (3)		

Note.-

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

Annexure

PRE-EMPLOYMENT & PERIODIC MEDICAL EXAMINATION

(1)	GENERAL EXAMINATION: HEIGHT:CM, WEIGHT:KG, BMICHEST: INSPIRATIONCM, EXPIRATION:CM. BUILT - AVERAGE/ STRONG/ POOR THROAT, TONGUE, TONSILS TEETH, GUMS, THYROID LYMPH NODESADDITIONAL FINDINGS
(2)	CARDIO-VASCULAR SYSTEM: PULSE: / MIN. REGULAR/ IRREGULAR PERIPHERAL PULSE - FELT/ NOT FELT B.P mm of Hg. HEART SOUND: MURMUR, IF ANY: ADDITIONAL FINDING (S), IF ANY
(3)	RESPIRATORY SYSTEM: SHAPE OF CHEST: CHEST MOVEMENTS: TRACHEA: BREATH SOUNDS:
(4)	GASTRO-INTESTINAL SYSTEM: LIVER: SPLEEN: ANY ABDOMINAL LUMPS:



(0)	EXTERNAL EXAM NYSTAGMUS:	SQ	UINT:	
	COLOUR VISION - NO FUNDUS (L) (R)	DRMAL/ DEFECTIVI		
	INDIVIDUAL COLOUR	THOUT GLASSES)	- NORMAL/ DEFECTIVE	
	(WITH GLASSES) RIG	HT LEFT	_ LEFT	
	NEAR VISION (WITH	OUT GLASSES)	LEFT	- in Mary
	MITH GLASSES) DIG	LEFT_	LEET	and the
	NIGHT BLINDNESS: (NYCTALOPIA):	LEFI	
(6)	EXAMINATION OF EA	AR, NOSE &THROA		
(7)	GENITO URINARY SY	STEM:		
(-)	HERNIA:	HYDROCELE/	VARICOCELE	
	CRYPTORCHIDISM _	PH	IMOSIS	4 - 4 1
	VARICOSE VEINS	SIGNS	VARICOCELEIMOSISOF STD	
	OTHER EXAMINATIO			
	MENSTRUAL HISTOR	Y OBSTETRIC HIS	TROY	
	MENARCHE AT	Yrs. GRAVIDA	PARA	A 21 11 11 11 16
	LMP - MENSTRUAL IRREGU	JLARITY IF ANY		the state of the
INVE	ESTIGATIONS			
(8)	LAB INVESTIGATION	S:		
	URINE: ALBUMIN		, SUGAR	
	MICROSCOPY	, S	SUGAR TOOL:	
	HAEMOGRAM			
	Blood Group: Rh	factor: Hb	TLCRBC	
	DLC - P L E M B Plate	lets Count		
	LIPID PROFILE			
	Serum cholesterol:, S/	Triglycerides		
	HDL, LDL			
	HEPATIC PROFILE			¥.
	SGPT: SGOT:			
	Alkaline Phosphatase:			
	RENAL PROFILE			
	Blood Urea:, S/Creatin	ine:		
	METABOLIC			
	Blood Sugar - F:, Bloo	d Sugar – PP:, S/uri	c acid:	
(9)	OTHER INVESTIGATI	ONS		
1-1	X-Ray Chest (In norma		ree years,	
	FCG (In case of any of	of any abnormality x-	ray can be done at shorter sts should be carried out)	intervals)
	T fillian the TES This		المستحدية بطعاليا الشبيرية	
	Ultra Sound Whole abo abnormality can be don	domen (In normal pe	rsons once in three years is)	n case of any
	Others:			1
(10)	PULMONARY FUNCT	ION TEST		
		FVC	FEV 1	FEV 1 / FVC
	Predicted			
	Magazinad			

Remarks:

% of Predicted

1

(11) Audiometry examination - PTA of both ears at frequency of 125, 250, 500, 1000, 2000, 4000, 8000 Cycles per second
(12) Medical examination of canteen staff

a- Blood examination for venereal disease and routine blood examination.

b- Stool and urine examination for worm infection

c- Screening for skin diseases (scabies and others)

d- X-ray and other tests for T.B.

(13) Details of Other specific medical examination carried out as mentioned in the respective schedules of rule 107 of C.G. factories rules 1962
Signature (with date) of factory Medical Officer

Signature (with date) of certifying surgeon