FORM – 16 A
(Prescribed under rule 16)
Health Register

Sl No	Dept / Works	Name of the Worker	Age at last Birth - day	Date of employment in present work	Date of leaving or Transfer (with reasons for discharge or transfer)	Nature of Job on occupation	Raw materials / by products handled	Date of weekly exams with results (fit / unfit)	Nature of Symptoms	Signature of a Reg. medical Practitioner
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)