

**FORM- XII.**

[See rule 223(d)]

**Health Register**

(In respect of persons employed in Building and other construction work involving hazardous processes)

Name of the Construction Medical Officer/ Medical Inspector

(a) Mr.....From.....to.....

(b) Mr.....From.....to.....

(c) Mr.....From.....to.....

Sr. No	Works No.	Name of Building worker	Sex	Age (Last birthday)	Date of employment of present work	Date of leaving or transfer to other work
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						

Reasons for leaving transfer or discharge	Nature of job or occupation	Raw Material or by-product handled	Date of Medical examination by certifying Surgeon Medical Inspector/ CMO	Result of medical examination	If suspended from work state period of suspension with detailed reasons
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(8)	(9)	(10)	(11)	(12)	(13)
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Certified fit to resume duty on with signature of Medical Inspector/CMO	If certificate of unfitness or suspension issued to worker.
(14)	(15)

**Signature with date of Medical Inspector/ CMO**

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