FORM NO. 27-C

[Prescribed under Schedule XXI to Rule 95]

Health Register

Sl.	Department/	Name	Sex	Age	Date of	Date of	Nature	Raw	Date of	Signs and	Nature	If declared	Whether	Re-	Signature
No.	Works	Of		last	employment	leaving or	of job /	material,	medical	symptoms	of tests	unfit for	certificate	certified	of the
		worker		birth	On	transfer to	occupation	bi-	examination	observed	and	work, state	of	to	certifying
				day	present	other work		products	and results	during	results	period of	unfitness	resume	surgeon
					work	with reasons		likely to	thereof	examination	thereof	suspension	issued to	duty on	with date
						of discharge		be				with reason	the		
						or transfer		exposed				in detail	workers		
								to							
									Date Result						
									Fit or unfit						
									11001 011110						