

**Form 21**  
[Prescribed under Rule (19)]  
**Health Register**

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

Name of Worker.....Age/ Sex.....  
Name of Company.....Employee Code.....  
Nature of occupation.....Date.....

Annexure

**PRE-EMPLOYMENT & PERIODIC MEDICAL EXAMINATION**

**(1) GENERAL EXAMINATION:**

Height ..... cm, Weight.....kg. BMI.....  
Chest Inspiration.....cm, Expiration .....cm  
Throat..... Tongue.....Tonsils..... Teeth .....  
Gums..... Thyroid.....  
Lymph nodes.....  
Additional finding.....

**(2) CARDIO-VASCULAR SYSTEM:**

Pulse: .....mt. Regular/Irregular Peripheral Pulse-felt/not felt  
BP..... min Hg Heart Sound: .....NORMAL/ABNORMAL.....  
Murmur, If any...NO..... Additional finding (s), if any .....NO.....

**(3) RESPIRATORY SYSTEM:**

OO Shape of Chest: ..... Tubular..... Chest movements: .... Symmetrical .....  
Trachea..... Centrally..... Breath sound..... Vesicular

**(4) GASTRO-INTESTINAL SYSTEM:**

Liver.....NP..... Spleen.....NP.....  
Any abdominal lumps: NO/YES

**(5) EXAMINATION OF EYES:**

External Exam -NORMAL/ABNORMAL... Squint: ..... YES/NO.....  
Nystagmus: ..... YES/NO ..... Fundus L/R  
Night Blindness..... YES/NO.....  
Colour vision- Normal/Defective  
Individual colour identification- Normal/Defective  
  
Distance vision (without glasses) Right..... Left .....  
(with glasses) Right..... Left .....  
  
Near-vision (without glasses) Right..... Left.....  
(with glasses) Right ..... Left.....

**(6) EXAMINATION OF EAR NOSE & THROAT:**

External Examination: .....NAD.....

**(7) GENITO URINARY SYSTEM:**

Hernia - YES/NO..... Hydrocele- YES/NO      Varicocele - YES/NO  
Cryptorchidism-YES/NO Phimosis.....YES/NO      Varicose veins- YES/NO  
Signs of STD.....YES/NO .....

**Other Examinations for Females:**

Menarche..... yr. G. Para.....Menstrual irregularity.....if any

**INVESTIGATIONS**

**(8) Lab Investigations:**

**Haemogram**

Blood Group..... Rh factor..... Hb..... gm%  
RBC ..... Platelets    Count..... TLC.....  
DLC: - .....

**Renal profile**

Blood Urea: ..... S. Creatinine:

**Hepatic profile** - S G O T ..... S G P T .... Alkaline Phosphate.....S. Bilirubin

**Lipid Profile:**

Serum Cholesterol .....Triglycerides.....HDL.....LDL.....

**Metabolic**

Blood Sugar.....Blood Sugar PP ..... S. Uric Acid

**Urine: Albumin.....Sugar .....Microscopy.....**

**Stool: .....**

**(10) Other Investigation**

**11) Pulmonary Function Test**

	FCV	FEV 1	FEV 1/ FVC
PREDICATED			
MEASURED			
% OF PREDICATED			

**12) Audiometry examination**

PTA	Lt. Ear	Rt. Ear
Remark		

PTA of both ears at frequency .....Cycles/sec

**13. Details of Other specific medical examination carried out as mentioned in the respective schedules of 107 of C.G. Factory rules 1962-**

**Signature (with date) of  
Factory Medical Officer**

**Signature (with date)  
Certifying surgeon**