## **FORM XXII**

# REGISTER OF PERSONS ENGAGED IN CONNECTION WITH INSECTICIDES AND THEIR PERIODICAL MEDICAL EXAMINATION FOR THE YEAR 20\_\_\_

	[Rule 37]
Serial No	
Name	Age
Father's Husband's name	
Full Address	
SexIdentification mark	
Date of appointment	
Occupation	(Please specify the nature of duty)
	1 Past 2 Present

#### **PAST HISTORY**

Illness	Poisoning	Allergy	Exposure to pesticides (Compound)	No of years/ reason	Remarks, if any	
1	2	3	4	5	6	

#### FAMILY HISTORY

Allergy	Psychological disorders	Haemorrhagic disorders		
1	2	3		

### PERSONAL HISTORY

Smoking	Alcohol	Other addiction		
1	2	3		

#### **OBSERVATIONS**

Medical Examination	Pre- employment examination	End of 1 <sup>st</sup> quarter i.e. after 3 months	After 2 <sup>nd</sup> quarter after 6 months	After 3 <sup>rd</sup> quarter after 9 months	End of year	Remarks
1	2	3	4	5	6	7

### 1. General Examination

General body limit

Weight

Piles

Blood pressure

Respiration

Anaemia

Dadema

Jaundice

Skin condition

Temperature

Fatigability

Sweating

Sleep

Urination

2. Gastro Intestinal

Nausea

Vomiting

Appetite

Taste

Pain in abdomen

Bowel movement

## Liver Spleen

## 3. Cardio-respiratory

Nasel discharge

Wheeze

Cough

Expectoration

Tightness of chest

Dyspnoea

Palpitation

Heart

Cyanosis

Tachycardia

### 4. Neuro-muscular

Headache

Dizziness

Irritability

Pulse

**Twitchings** 

Tremors

Convulsion

Paranesthesia

Hallucination

Unconsciousness

Deep reflexes

Superficial reflexes

Coordination

### 5. Eye

Pupil

Lachrymation

Double vision

Clumped vision

### 6. Psychological

Temperament

Judgment

Nervousness

### 7. Kidney

Kidney Condition

8. Investigation Blood Hb% Blood D.C.

\* Serum cholinesterago serum Bilirubin Urine routine examination Urine microscopic X-ray of chest

\* serum cholinesterage level should be measured in monthly intervals in case of organophosphorus/ carbamatic group of insecticides. General remarks of the doctor in the light of the above examination:

Advice given to:

- 1. The patient
- 2. The employer

Steps taken by the Employer as per Doctor's advice:

Signature/ thumb impression of:

- 1. Doctor
- 2. Employees:
- 3. Employer / Manufacturer
- 4. Licensing officer at the time of inspection.

N.B.: In organochlorine group of insecticides the blood residue estimation should be done once a year.