

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN
COMPRESSED AIR) REGULATIONS**

COMPRESSED AIR HEALTH REGISTER

PART I

Person to whom this register relates

(To be filled in by the employer)

Name:

Address:

Date of birth:

Name, address and telephone number of the appointed medical practitioners :

1.
2.
3.

PART II

*Certificate of examination of the person named in Part I of this register as
to his fitness for employment in compressed air*

(To be filled in by the appointed medical practitioners)

Date of examination	Name of employer and construction site address	Result of examination and any conditions affecting employment in compressed air	Signature of the appointed medical practitioner
(1)	(2)	(3)	(4)

工廠及工業經營(在壓縮空氣中工作)規例

壓縮空氣工作人員健康登記冊

第 I 部

本登記冊所關乎的人

(由僱主填寫)

姓名：

地址：

出生日期：

指定醫生姓名、地址及電話號碼：

1.
2.
3.

第 II 部

本登記冊第 I 部所登記的人體格是否適合受僱於
壓縮空氣中工作的檢查證明書

(由指定醫生填寫)

檢查日期	僱主姓名或名稱及建築地盤地址	檢查結果及任何影響其受僱於壓縮空氣中工作的情況	指定醫生簽署
(1)	(2)	(3)	(4)