

# Medical Fitness Certificate

"It is certified that Mr./Ms. Pranod Kumar employed with  
 M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined  
 by me on date 7/05/19

Name of Associate: \_\_\_\_\_

Associate Code: \_\_\_\_\_  
 (For Existing Associates Only)

DOB	03	02	98	Age (Yrs)	21	Sex (M/F)	M	Phone No.	9	5	7	2	3	2	5	3	2	2
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### Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation				
1.	Physical (Including Skin & Eye) Examination Summary	<u>Normal</u> <u>12 Gmt BPL 11770ml/Hr.</u>				
2.	Routine Stool Examination	<u>Normal</u> <u>(No cyst / ova)</u>				
3.	Stool Culture & Sensitivity	<u>BacColo-1366</u>				
4.	X-Ray CHEST	<u>Normal</u>				
5.	Sputum Examination	<u>Normal</u> <u>(No Pathogen)</u>				
6.	Typhoid Vaccine	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date of Vaccination</td> <td style="width: 10%;">DD</td> <td style="width: 10%;">MM</td> <td style="width: 10%;">YY</td> </tr> </table>	Date of Vaccination	DD	MM	YY
Date of Vaccination	DD	MM	YY			
7.	Vaccination History (Whether vaccinated for Typhoid Earlier / When?)	_____				

Based on medical examination conducted he/she is (Pls tick (v) appropriate box)

**FIT to work in food establishment** (Found free from any infectious or communicable diseases)

**NOT FIT to work in food establishment.**

Name of the Medical Examiner: Dr. Ashok K. Gupta

Signature of Medical Examiner: \_\_\_\_\_

Stamp Of Medical Examiner: **Dr. ASHOK K. GUPTA**  
**MBBS, MD**  
**Consulting Physician**  
**Regd. No. 7513 (HMC)**

Registration Number: \_\_\_\_\_

Date of Medical Conducted: \_\_\_\_\_

Place: \_\_\_\_\_