

# Medical Fitness Certificate

It is certified that Mr./Ms. Ms. ANZAL employed with M/S\_FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined by me on date 10/05/19.

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

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

DOB	10	05	19	Age (Yrs)	23	Sex (M/F)		Phone No.	8	0	5	3	2	8	1	8	7	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>				
2.	Routine Stool Examination	<u>NAD</u>				
3.	Stool Culture & Sensitivity	<u>NAD</u>				
4.	X-Ray CHEST	<u>No Pulmonary Lesion seen.</u>				
5.	Sputum Examination	<u>(-ve)</u>				
6.	Typhoid Vaccine	<u>(-ve)</u>				
		<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 (✓) 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 Jagdish Prasad Mehrotra

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

Stamp Of Medical Examiner:   
Dr. Jagdish Prasad Mehrotra  
BSc, MBBS, DPH  
Vivekanand Arogya Kendra  
Regn. 19818

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

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

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