

Medical Fitness Certificate

"It is certified that Mr./Ms. RAHUL 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	DD	MM	YY	Age (Yrs)	20	Sex (M/F)	M	Phone No.	8	4	7	7	9	2	7	3	7	7
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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 is 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 <small>(Whether vaccinated for Typhoid Earlier / When?)</small>	_____				

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 JAGDISH PRASAD MEHROTRA

Signature of Medical Examiner: _____
(Signature)

Stamp Of Medical Examiner:

Dr. Jagdish Prasad Mehrotra
 BSc, MBBS, DPH
 Vivekanand Arogya Kendra
 Regn. 19818

Registration Number: _____

Date of Medical Conducted: _____

Place: _____