

Medical Fitness Certificate

"It is certified that Mr./Ms. ^{MISS} BASANT 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)	Sex (M/F)	M	Phone No.	9	5	3	6	9	3	0	3	1	4
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Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation				
1.	Physical (Including Skin & Eye) Examination Summary	Normal.				
2.	Routine Stool Examination	NAD				
3.	Stool Culture & Sensitivity	NAD				
4.	X-Ray CHEST	No Pathological Lesion seen.				
5.	Sputum Examination	(-ve)				
6.	Typhoid Vaccine	(-ve)				
		<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. 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: _____