

Medical Fitness Certificate

"It is certified that Mr./Ms. Anita employed with
M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined
by me on date 10.10.5.1.19

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	03	06	00	Age (Yrs)	18	Sex (M/F)	F	Phone No.	7	6	1	8	2	6	4	1	5	5
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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 (✓) 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: _____
Dr. Jagdish Prasad Mehrotra

Stamp Of Medical Examiner: _____
BSc, MBBS, DPH
Vivekanand Arogya Kendra
Regn. 19818

Registration Number: _____

Date of Medical Conducted: _____

Place: _____