## **Medical Fitness Certificate**

SN Investigation Details  1. Physical (Including Skin & Eye) Examination Summary  2. Routine Stool Examination  3. Stool Culture & Sensitivity  4. X-Ray CHEST  5. Sputum Examination  6. Typhoid Vaccine  Vaccination History  7. (Whether vaccinated for Typhoid Earlier / When?)  Summary of Investigation  MAD  MAD  MAD  MAD  MAD  Date of Vaccination  DD MM YY	"It	is certified that Mr./Ms.	Anita		employed	with
Associate Code:   Provincing Associates Code    Provincing Associates Code    Provincing Associates Code    Provincing Associates Code    Summary of the Investigation Findings:    Summary of the Investigation Findings:   Summary of I	M/S <sub>_</sub> by m	FUTURE RETAIL LTDinvolved wi	th coming in direct contac	t with food items, has be	en carefully exam	nined
DOB BB W W No Age (Yrs) 1 8 Sox F Phone 7 6 1 8 2 6 4 1 5 5  Summary of the Investigation Findings:  SN Investigation Details  1. Physical (Including Skin & Eye) Examination Summary  2. Routine Stool Examination 3. Stool Culture & Sensitivity 4. X-Ray CHEST 5. Sputum Examination 6. Typhold Vaccine 6. Typhold Vaccine 7. (Whether vaccinated for Typhoid Earlier / When?)  assed on medical examination conducted he/she is (Pls tick (V) appropriate box)  FIT to work in food establishment  NAME of the Medical Examiner:  Signature of Medical Examiner:  Stamp Of Medical Examiner:  Dr. Jacdish Prasad Mehrotra BSc. MBS. DPH Vivekanand Arogya Kendra Regn. 19818  Registration Number:  Date of Medical Conducted:  Date of Medical Conducted:						
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