

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 10.05.19

Name of Associate: _____

Associate Code: _____
 (For Existing Associates Only)

DOB	03	06	00	Age (Yrs)	18	Sex (M/F)	F	Phone No.	7618264155
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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>								
7.	Vaccination History (Whether vaccinated for Typhoid Earlier / When?)	<table border="1" style="float: right; border-collapse: collapse;"> <tr> <th style="width: 20%;">Date of Vaccination</th> <th style="width: 10%;">DD</th> <th style="width: 10%;">MM</th> <th style="width: 10%;">YY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Date of Vaccination	DD	MM	YY				
Date of Vaccination	DD	MM	YY							

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: _____



विवेकानन्द आरोग्य केन्द्र

466 P, सेक्टर 12 A, नजदीक माधव भवन, गुरुग्राम
(भारत विकास परिषद् महाराणा प्रताप न्यास, गुरुग्राम द्वारा संचालित)



उपलब्ध ओ.पी.डी. सुविधाएँ

- हृदय रोग चिकित्सा
(Cardiology)
- बाल एवं भ्रूण रोग चिकित्सा
(Paediatrics & Fetal Medicine)
- बाल रोग चिकित्सा
(Paediatrics)
- स्त्री रोग चिकित्सा
(Gynaecology)
- हड्डी रोग चिकित्सा
(Orthopaedics)
- दन्त चिकित्सा
(Dental Care)
- सामान्य चिकित्सा
(General Physician)
- फिजियोथैरेपी
(Physiotherapy)
- चर्म रोग चिकित्सा
(Dermatology)
- मूत्र रोग चिकित्सा
(Urology)
- गुर्दा रोग चिकित्सा
(Nephrology)

उपलब्ध जाँच

- डायलिसिस (Dialysis)
- अल्ट्रासाउण्ड (Ultrasound)
- ईको (Echo)
- स्ट्रेस ईको (Stress Echo)
- टी.एम.टी. (T.M.T.)
- पी.एफ.टी. (Lung Function Test)
- ई.सी.जी. (E.C.G.)
- ई.ई.जी. (E.E.G.)
- एक्स-रे (X-Ray)
- मैमोग्राफी (Mammography)
- ओ.पी.जी. (Dental X-Ray)
- हॉल्टर टेस्ट (Holter Test)

Ref. No.:

Date:

Name of patient: Ms. Anita	Age: 19	M/F: F
Consultant:	Speciality: Package	
MR No : MR006806	Visit No: OP013995	Date: 10-05-2019

Height - 144.5

Weight - 38.2

BMI - 18.3

BP - 90/60 mm Hg

Pulse - 70/min regular

G/I

Palpation - nil

Abdomen - nil

Respiration - nil

Lymphadenopathy - nil

Hyperlexia

Chest - clinically normal

CVS - S1S2, of normal character NO MMR

Abdomen - soft

Liver -] not palpable

Spleen -]

No relevant F/12

No relevant P/12

No complaints

Observation

Hyperlexia

Normal

Not for Medico Legal Purpose

रून एवं मल-मूत्र की जाँच NABL द्वारा मान्यता प्राप्त MoIQ लैब द्वारा की जाती है।

सम्पर्क सूत्र: 0124-2224102 / 103 / 104 | Mob.: 8683061905, 8683061906

ओ.पी.डी. पर्ची का शुल्क केवल तीन दिन के लिए मान्य रहेगा।

विवेकानन्द आरोग्य केन्द्र

डायग्नोसिस, डायग्नोस्टिक एवं ओपीडी.
भारत विकास परिषद, महाराणा प्रताप न्यास द्वारा संवाहित



Radiology Report

Name : Ms. Anita
Age/Gender : 19 Y/F
Prescribed Doctor : Self

MR No : MR006806
Visit ID : OP013995
Report Date : 10-05-2019 15:57

X-Ray

X-RAY CHEST PA VIEW

Bilateral lung fields appears to be clear. No obvious pulmonary parenchymal lesion is seen.

Trachea is central.

Cardiac configuration appears to be normal with normal cardio-thoracic ratio.




Both costo phrenic angles and domes of diaphragm are normal.

Visualized soft tissue and bony thoracic cage appears to be normal.

PLEASE CORRELATE CLINICALLY.

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

Pawan
DR. PAWAN JOON
MD (Radio-diagnosis)


 Government of India
 अनीता अय्य
 Anita Ayya
 పుట్టిన తేదీ/DOB: 03/06/2000
 లింగం/GENDER: FEMALE


 2015 0951 6294
 నా ఆధార్, నా గుర్తింపు

ఆంధ్రప్రదేశ్ ఆరోగ్య ధాత్రు

ఆంధ్రప్రదేశ్ ప్రభుత్వం
ఆంధ్రప్రదేశ్ ఆరోగ్య ధాత్రు



Radiology Report

పేరు: [Faint Name]
 వయస్సు: [Faint Age]
 రోగి ID: [Faint ID]

[Faint Text]

[Faint Text]

[Faint Text]

CLINICALLY

[Faint Signature]

[Faint Stamp]