

Medical Fitness Certificate

(34)

"It is certified that Mr./Ms. ANIL KUMAR employed with M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined by me on date 14.1.5.19

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	23	03	98	Age (Yrs)		Sex (M/F)		Phone No.	9	3	5	4	8	8	3	0	6	4
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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>No Cyst / ova</u>								
3.	Stool Culture & Sensitivity	<u>NAD</u>								
4.	X-Ray CHEST	<u>Normal</u>								
5.	Sputum Examination	<u>No AFB seen</u>								
6.	Typhoid Vaccine	<u>Igm Igs (-)</u>								
	Vaccination History	<table border="1"> <tr> <th>Date of Vaccination</th> <th>DD</th> <th>MM</th> <th>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							
7.	(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 Ashok Kumar Gupta

Signature of Medical Examiner: _____

Stamp Of Medical Examiner: **Dr. ASHOK K. GUPTA**
MBBS, MD
Consulting Physician
Regd. No. 7513 (HMC)

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: Mr. Anil Kumar	Age: 20	M/F: M
Consultant: Dr. Ashok	Speciality: Package	
MR No : MR006961	Visit No: OP014370	Date: 14-05-2019

HT = 5'5"
 Wt = 60.7 kg
 RR = 70/min
 BP = 120/70 mm Hg
 Chest |
 CVS | Normal
 Abd |

Not for Medico Legal Purpose

खून 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

डायग्नोस्टिक एंड ओपीडी
भारत विकास परिषद्, महाराणा प्रताप न्यास द्वारा संवाहित



Radiology Report

Name : Mr. Anil Kumar
Age/Gender : 20 Y/M
Prescribed Doctor : Self

MR No : MR006961
Visit ID : OP014370
Report Date : 14-05-2019 14:58

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.


DR. PAWAN JOON
MD (Radio-diagnosis)



भारत सरकार

GOVERNMENT OF INDIA



अनील कुमार

Anil Kumar

जन्म तिथि/DOB: 20/03/1998

पुरुष / MALE



8357 4219 9016

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

आत्मज: गोपाल, हुलवाना,
मथुरा,
उत्तर प्रदेश - 281403

S/O: Gopal, Hulwana, Mathura,
Uttar Pradesh - 281403

8357 4219 9016

Aadhaar-Aam Admi ka Adhikar