

Medical Fitness Certificate

"It is certified that Mr./Ms. Ritesh 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 15 / 05 / 2019

Name of Associate: _____

Associate Code: _____
 (For Existing Associates Only)

DOB	19	08	97	Age (Yrs)	2	1	Sex (M/F)	M	Phone No.	9	9	1	0	7	1	8	0	3	1
-----	----	----	----	-----------	---	---	--------------	---	--------------	---	---	---	---	---	---	---	---	---	---

Summary of the Investigation Findings:

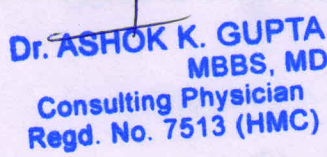
SN	Investigation Details	Summary of Investigation								
1.	Physical (Including Skin & Eye) Examination Summary	<u>NAD</u>								
2.	Routine Stool Examination	<u>No cyst / ova</u>								
3.	Stool Culture & Sensitivity	<u>No pathogen grown after 2d</u>								
4.	X-Ray CHEST	<u>NAD</u>								
5.	Sputum Examination	<u>NO AFB seen</u>								
6.	Typhoid Vaccine	<u>194 IgM - (-)</u>								
Vaccination History		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">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							
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: [Signature]
- Stamp Of Medical Examiner:


- Registration Number: _____
- Date of Medical Conducted: _____
- Place: _____

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)
- होल्टर टेस्ट (Holter Test)

Ref. No.:.....

Date:.....

Name of patient: Mr. Ritesh Kumar	Age: 21	M/F: M
Consultant:	Speciality: Package	
MR No : MR006997	Visit No: OP014452	Date: 15-05-2019

Ht/ft - 165.5
Wt/ft - 50.3 kg
S.M.C. - 22.08

B.P. - 108/70 mm/Hg
Pulse - 72/min, regular

G/E.
Pain - Nil
Lungs - Nil
Gastric - Nil
Abdomen - Nil
Lymphadenopathy - Nil

Syst/Exam -
Chest - clinically normal
C.V.S. - S1S2 / of normal character
Abdomen - Soft
Liver / not palpable
Spleen / not palpable
Humeral region - La Bar.

Observations :

① Smoker ✓

(Signature)

F/H - not relevant
P/H - not relevant
G.O. Nil
Addiction - smoker by 3-4 cig. /
alcohol - occasionally

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।

Radiology Report

Name : Mr. Ritesh Kumar
Age/Gender : 21 Y/M
Prescribed Doctor : Self

MR No : MR006997
Visit ID : OP014452
Report Date : 17-05-2019 15:32

X-Ray

X-RAY CHEST PA VIEW

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

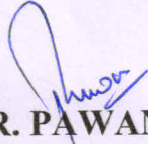
Trachea is central.

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)



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
आत्मज: विजय सिंह, बरगांव,
दरभंगा,
बिहार - 848213

Address:
S/O: Vijay Singh, Bargaon,
Darbhanga,
Bihar - 848213

8071 6707 3808

Aadhaar-Aam Admi ka Adhikar

आधार-आम आदमी का अधिकार

8071 6707 3808



रिेश कुमार
Ritesh Kumar
जन्म तिथि/DOB: 19/08/1997
पुरुष / MALE



आम आदमी का अधिकार

