

# Medical Fitness Certificate

"It is certified that Mr./Ms. Jayveer employed with  
M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined  
by me on date 15/05/19...

Name of Associate: \_\_\_\_\_

Associate Code: \_\_\_\_\_  
(For Existing Associates Only)

DOB	<u>28 01 1998</u>	Age (Yrs)	<u>20</u>	Sex (M/F)	<u>M</u>	Phone No.	<u>9958584897</u>
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### 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</u>								
4.	X-Ray CHEST	<u>NAD</u>								
5.	Sputum Examination	<u>No AFB seen</u>								
6.	Typhoid Vaccine <u>Typhoid 199 22M</u>	<u>(-)</u>								
Vaccination History (Whether vaccinated for Typhoid Earlier / When?)		<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							

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

Registration Number: \_\_\_\_\_

Date of Medical Conducted: \_\_\_\_\_

Place: \_\_\_\_\_



## Radiology Report

Name : Mr. Jay Veer  
Age/Gender : 20 Y/M  
Prescribed Doctor : Self

MR No : MR007007  
Visit ID : OP014478  
Report Date : 17-05-2019 15:31

## 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)

Dr. Name	Dr.	
Specialty	Age: 30	MOB: 98
Qualification	Speciality: Pathology	
MR No: 518007001	Visit No: 000000000	Date: 25/03/2019



भारत सरकार  
 Government of India  
 जयवीर सिंह  
 Jayveer Singh  
 जन्म तिथि/DOB: 25/03/1998  
 पुरुष/ MALE  
 2802 6016 4555  
 मेरा आधार, मेरी पहचान

भारतीय विचित्र पहचान प्राधिकरण  
 Unique Identification Authority of India  
 Address:  
 S/O: Virendra Singh, 74, SAHPAU, - संबोधित: वीरेंद्र सिंह, ७४, सहपक, - कोकना  
 Kokna Khurd, Hathras, खुर्द, हाथरस,  
 Uttar Pradesh - 281307 उत्तर प्रदेश - 281307  
 2802 6016 4555  
 मेरा आधार, मेरी पहचान