

Medical Fitness Certificate

"It is certified that Mr./Ms. Angali Devi employed with
M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined
by me on date 17/05/19.

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	DD	MM	YY	Age (Yrs)	1	9	Sex (M/F)	F	Phone No.	9	3	5	4	9	0	8	8	2	1
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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 / ovs</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	<table border="1"> <tr> <td>Date of Vaccination</td> <td>DD</td> <td>MM</td> <td>YY</td> </tr> </table>	Date of Vaccination	DD	MM	YY
Date of Vaccination	DD	MM	YY			
7.	Vaccination History (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: _____

Radiology Report

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

MR No : MR007041
Visit ID : OP014578
Report Date : 17-05-2019 15:35

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)

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. Anjali Devi	Age: 19	M/F: F
Consultant:	Speciality: Package	
MR No : MR007041	Visit No: OP014578	Date: 16-05-2019

HT = 152 cm
 Wt = 47 kg
 RR = 72 / min
 BP = 120/70 mm Hg
 NO anaemia
 jaundice
 edema
 chest
 clear
 /
 /

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।



अंजली देवी
Anjali Devi

जन्म तिथि / DOB : 15/01/2000
महिला / Female



2282 8069 9502

मेरा आधार, मेरी पहचान



पता: संबोधित: बृजलाल, नारंगपुर,
कोडराजीत बिहार, कोडराजीत,
जेठवारा, प्रतापगढ़, उत्तर प्रदेश,
230129

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