

Medical Fitness Certificate

"It is certified that Mr./Ms. Sumil 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 14/05/2019

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

| | | | | | | | | | | | | | | | |
|-----|----|----|----|-----------|---|---|-----------|---|-----------|----|----|---|----|----|---|
| DOB | 22 | 08 | 99 | Age (Yrs) | 1 | 9 | Sex (M/F) | M | Phone No. | 82 | 85 | 1 | 20 | 06 | 2 |
|-----|----|----|----|-----------|---|---|-----------|---|-----------|----|----|---|----|----|---|

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>NAD</u> | | | | |
| 3. | Stool Culture & Sensitivity | <u>NAD</u> | | | | |
| 4. | X-Ray CHEST | <u>NAD</u> | | | | |
| 5. | Sputum Examination | <u>NAD</u> | | | | |
| 6. | Typhoid Vaccine | <u>NAD</u> | | | | |
| | | <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 K 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: _____

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. Sunil Kumar | Age: 19 | M/F: M |
| Consultant: Dr. Ashok. | Speciality: Package | |
| MR No : MR006960 | Visit No: OP014367 | Date: 14-05-2019 |

No complaints

HT 2 5'10"

WT 60.7 kg

RA 60 / min

BP 130/70 mmHg

Chest |
Abd |
Cvs |

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. Sunil Kumar
Age/Gender : 19 Y/M
Prescribed Doctor : Self

MR No : MR006960
Visit ID : OP014367
Report Date : 14-05-2019 14:57

X-Ray

X-RAY CHEST PA VIEW

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

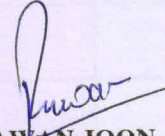
Trachea is central.

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.



DR. PAWAN JOON
MD (Radio-diagnosis)