

Medical Fitness Certificate

"It is certified that Mr./Ms. Parvin 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/...../.....

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	DD	MM	YY	Age (Yrs)	28	Sex (M/F)	M	Phone No.	8	0	5	3	3	3	6	8	3	0
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Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation								
1.	Physical (Including Skin & Eye) Examination Summary	Normal								
2.	Routine Stool Examination	No cyst / ova								
3.	Stool Culture & Sensitivity	No pathogen grown								
4.	X-Ray CHEST	NRD								
5.	Sputum Examination	No AFB seen								
6.	Typhoid Vaccine	135/2507 (-)								
		<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.	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: [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. Parvin Kumar	Age: 28	M/F: M
Consultant:	Speciality: Package	
MR No : MR007324	Visit No: OP015224	Date: 21-05-2019

HT = 5'6"
WT = 68.5 kg
BP = 90/60
Pulse = 130/90 mm Hg
Chest
Cvs
Aed
No anaemic
Jaundice
Edema

Ah

Not for Medico Legal Purpose

खून एवं मल-मूत्र की जाँच NABL द्वारा मान्यता प्राप्त MolQ 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. Parvin Kumar
Age/Gender : 28 Y/M
Prescribed Doctor : Self

MR No : MR007324
Visit ID : OP015224
Report Date : 21-05-2019 13:41

X-Ray

X-RAY CHEST PA VIEW

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

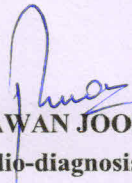
Trachea is central.

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

प्रवीन कुमार
Parvin Kumar
जन्म तिथि/ DOB: 18/05/1990
पुरुष / MALE

3529 9735 2861

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:
S/O सीता राम, हाउस न-
28, नजदीक आटा चाक्री,
गांगुली १९५, मेवात,
हरियाणा - 122103
S/O Sita Ram, house no-28, najdik
ata chakki, Gangauli(195), Mewat,
Har yana - 122103

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Aadhaar-Aam Admi ka Adhikar