
आधार
 Unique Identification Authority of India


पता: कमलेश कुमार, मऊ, गूरा,
 औरैया, गूरा, उत्तर प्रदेश, 206243

Address:
 S/O: Kamalesh Kumar, mau,
 Gura, Auraiya, Goora, Uttar
 Pradesh, 206243


7550 3365 8971

1800 300 1947 help@uidai.gov.in www.uidai.gov.in

Unique Identification Authority of India
7550 3365 8971
 Government of India



दीपक कुमार
Deepak Kumar
जन्म तिथि / DOB : 10/10/1989
पुरुष / Male
Pradesh, 206243
Gura, Auraiya, G
S/O: Kamalesh
Address:



आधार - आम आदमी का अधिकार

Medical Fitness Certificate

"It is certified that Mr./Ms. Deepak 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 21 / 05 / 19...

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	DD	MM	YY	Age (Yrs)	28	Sex (M/F)	M	Phone No.	7982599376
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Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation								
1.	Physical (Including Skin & Eye) Examination Summary	<u>Normal</u>								
2.	Routine Stool Examination	<u>NO cyst / ovs</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>TyS / TyM (-)</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: _____

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. Deepak	Age: 28	M/F: M
Consultant:	Speciality: Package	
MR No : MR007320	Visit No: OP015220	Date: 21-05-2019

Ht = 5'8"
Wt = 69.5 kg
Hb = 9.6 gm/dl
Hct = 110/170 mmHg
Chest |
CNS | ASD
Abd |
No anaemic
No jaundice
No Edema

AK

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. Deepak
Age/Gender : 28 Y/M
Prescribed Doctor : Dr. Ashok Gupta

MR No : MR007320
Visit ID : OP015220
Report Date : 21-05-2019 13:39

X-Ray

X-RAY CHEST PA VIEW

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

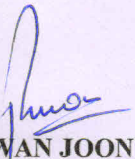
Trachea is central.

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)

Radiology Report

Name : Mr. Deepak
Age/Gender : 28 Y/M
Prescribed Doctor : Dr. Ashok Gupta

MR No : MR007320
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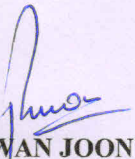
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