


GOVERNMENT OF INDIA


मो.आरिफ
Mo. Arif
जन्म तिथि/DOB: 07/08/1999
पुरुष/ MALE

2909 8703 0368
VID: 9141 6211 6795 4433

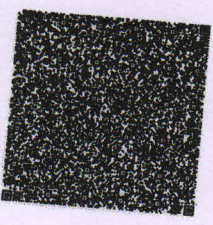
मेरा आधार, मेरी पहचान



GOVERNMENT OF INDIA

2909 8703 0368
VID: 9141 6211 6795 4433

QR Code with Photograph



Address:
S/O Rahmat Shah, Kakar dahi, Thana
Shivli, Kakardahi, Kanpur Dehat,
Uttar Pradesh - 209307

पता:
S/O रमज शाह, ककर दही, कारा दही, ककरदही,
कांपुर देहात, कानपुर प्रदेश - 209307

GOVERNMENT OF INDIA

Medical Fitness Certificate

"It is certified that Mr./Ms. Mr Arif 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)		Sex (M/F)		Phone No.											
-----	----	----	----	-----------	--	-----------	--	-----------	--	--	--	--	--	--	--	--	--	--	--

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 / ova seen</u>								
3.	Stool Culture & Sensitivity	<u>No pathogen grows</u>								
4.	X-Ray CHEST	<u>NAD</u>								
5.	Sputum Examination	<u>No AFB seen</u>								
6.	Typhoid Vaccine	<u>Dg S & IgM (-)</u>								
	Vaccination History	<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.	(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. Mo Arif	Age: 20	M/F: M
Consultant:	Speciality: Package	
MR No : MR007954	Visit No: OP016628	Date: 04-06-2019

Ht = 181 cm
Wt = 54 kg
Hb = 54 / int Rep
Hb = 100 / 60 mm Hg
Chest
CVS / AF
Abd /
No anaemia
No jaundice
No edema

Signature

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. Md. Arif
Age/Gender : 20 Y/M
Prescribed Doctor : Self

MR No : MR007954
Visit ID : OP016628
Report Date : 06-06-2019 15:26

X-Ray

X-RAY CHEST PA VIEW

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

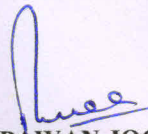
Trachea is central.

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)