

# Medical Fitness Certificate

"It is certified that Mr./Ms. Dolly shami 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.										
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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 / ova seen</u>				
3.	Stool Culture & Sensitivity	<u>No pathogen grown</u>				
4.	X-Ray CHEST	<u>Normal</u>				
5.	Sputum Examination	<u>No <del>AB</del> AFB seen</u>				
6.	Typhoid Vaccine	<u>Eg 9, Eg 11 (-)</u>				
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date of Vaccination</td> <td style="width: 10%;">DD</td> <td style="width: 10%;">MM</td> <td style="width: 10%;">YY</td> </tr> </table>	Date of Vaccination	DD	MM	YY
Date of Vaccination	DD	MM	YY			
7.	Vaccination History <small>(Whether vaccinated for Typhoid Earlier / When?)</small>	_____				

Based on medical examination conducted he/she is (Pls tick (✓) 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: \_\_\_\_\_

## 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:.....

<b>Name of patient:</b> Mrs. Dolly Shami	<b>Age:</b> 23	<b>M/F:</b> F
<b>Consultant:</b>	<b>Speciality:</b> Package	
<b>MR No :</b> MR008058	<b>Visit No:</b> OP016858	<b>Date:</b> 06-06-2019

Ht = 5'3"  
Wt = 38 kg  
P.R. = 78/unt  
B.P. = 90/60 mm Hg  
Chest |  
CVS | N.A.  
Abd |

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।



# विवेकानन्द आरोग्य केन्द्र

डायग्नोस्टिक, डायग्नोस्टिक एवं ओ.पी.डी.  
भारत विकास परिषद्, महाराणा प्रताप न्यास द्वारा संचालित



## Radiology Report

Name : Mrs. Dolly Shami

Age/Gender : 23 Y/F

Prescribed Doctor : Self

MR No : MR008058

Visit ID : OP016858

Report Date : 06-06-2019 15:23

## X-Ray

### X-RAY CHEST PA VIEW

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

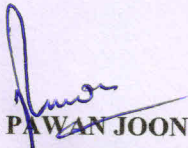
Trachea is central.

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)