

# I CARE HEALTH SOLUTIONS

SHOP NO 12, MORYA BUSINESS COMPLEX, BEHIND HP PETROL PUMP, THERMAX CHOWK, CHINCHWAD-411019  
Contact : 7387783239

## MEDICAL HEALTH CHECK-UP PROFORMA

### PERSONAL INFORMATION

NAME: Rakesh Gaikwad

CONTACT: 8390872925

DESIGNATION/POST: \_\_\_\_\_

DATE: 26/10/2023

AGE: 29 SEX: male

COMPANY NAME: Vertiv Energy

Pvt. Ltd

### CURRENT AND PAST MEDICAL HISTORY : TO BE Filled by candidate (Tick appropriate) YES /NO

POLIO	YES ( )	NO (✓)	SURGERY	YES ( )	NO (✓)	PSYCHIATRIC ILLNESS	YES ( )	NO (✓)
ASTHAMA	YES ( )	NO (✓)	ALLERGIES	YES ( )	NO (✓)	HYPERTENSION (BP)	YES ( )	NO (✓)
T.B	YES ( )	NO (✓)	HEART DISEASE	YES ( )	NO (✓)	DIABETES (SUGAR)	YES ( )	NO (✓)
EPILEPSY	YES ( )	NO (✓)						

IF YES THEN DETAILS

No

### OFFICIAL USE ONLY:

#### GENERAL EXAMINATION

HEIGHT: 172 CM

WEIGHT: 58.1 KG

PULSE: 65 /MIN

BP: 114/65 MMHG

LYMPH NODES: No

HERNIA: YES ( ) NO (✓)

PHYMOSIS: YES ( ) NO (✓)

ANY OTHER: No

EAR: RT: (N) LT: (N)

NOSE: NORMAL (✓) ABNORMAL ( )

THROAT: NORMAL (✓) ABNORMAL ( )

TEETH: NORMAL (✓) ABNORMAL ( )

NAILS: NORMAL (✓) ABNORMAL ( )

SKIN: NORMAL (✓) ABNORMAL ( )

IF ANY: No

EYES: D.V.: RT: 6/6 LT: 6/6

N.V.: RT: N 6 LT: N 6

WITH GLASS / WITHOUT GLASS

#### BODY PARAMETERS:

1. BMI: 19.6

2. IDEAL WT: 72 KG

3. HIP/WAIST RATIO: 0.8

SQUINT: No

NYSTAGMUS: No

COLOUR BLINDNESS: No

#### SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM: AEBE Clear

CENTRAL NERVOUS SYSTEM: Awake & oriented

CARDIO VASCULAR SYSTEM: S.S. (N)

ALIMENTARY SYSTEM: Soft (N)

MUSCULO-SKELETAL SYSTEM: NAD

### FITNESS REMARK

I certify that I have examined Mr./Ms. Rakesh Gaikwad.....Whose signature is given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defect which may interfere with his / her studies / work including the outdoor duties required of a professional. he / she is **fit**.

Signature of the Candidate :

Rakesh Gaikwad



डॉ. धोंडीराम वि. क्षीरसागर  
MBBS, D-ORTHO, A.I.F.H.

स्वाक्षरी  
कार्यालय अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
मुंबई जिल्हाकारिता कार्यालयी दिनांक-१९ जुलै २०२३  
पासून दिनांक-१९ जुलै २०२३

प्राधिकृत प्रमाणक शल्यचिकित्सक डॉ. A.C.S.

STAMP & SIGNATURE OF CERTIFYING SURGEON