

CERTIFICATE OF MEDICAL EXAMINATION

Annexure - 1

Medical Examination for all workmen

Physical Examination		Enquiry of previous History	
Height	5' 8" ^{174cm}	Varicose	NO
Weight	69 kg	Seizure	---
Blood Pressure	120/80 mmHg	Vertigo	---
Pulse	88/min	Acrophobia	---
Hearing	Normal	Diabetes	NO
Refractive Error	NO	Stroke	---
Colour Vision	Normal	Heart Diseases	---
Any Disability	NO	Major illness or Surgery	---
Arm Function & Grip	Good	Symptoms Visible	NO
Leg & Foot Function	---	Others, if any	NO
Vertigo Test for Height work		Normal	

Additional checks for Operators & Drivers (As per BOCW Act. & Rules)

- **Vision :** Total visual performance and standard orthorator like Titmus vision which includes (Separate reports to be attached)
 - Night Vision
 - Visual perception
 - Glare Resistance & Recovery
 - Peripheral Vision
- **Breathing :** Peak flow rate using standard peak flow meter and the average peak flow rate (Separate report to be attached)

Additional checks for Food Handlers (Workmen Involved In preparation & Supply)

- Careful examination for skin diseases
- Personal hygiene such as hair, nails etc.
- Chest X-ray if preliminary examination reveals chest congestion (Separate reports to be attached, if conducted)

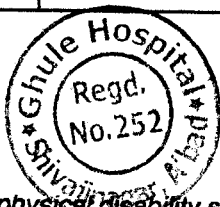
Additional checks for Welders

- Examine & check for symptoms of respiratory diseases.
- If suspected Chest X-ray taken to confirm (Separate report to be attached, if conducted)

FORM XXVIII
(See rule 250 (c))
Certificate of Medical Examination

1.	Certificate Serial No.	:	
	Date	:	Date 15/3/2023
2.	Name	:	Son / Daughter of : Pradip magar
	Identification Marks	:	[1] [2]
3.	Father's Name	:	
4.	Sex	:	Male
5.	Residence	:	Jalna ,
6.	Date of Birth, if available	:	1/1/1987
	and/or certificate of age	:	
7.	Physical Fitness	:	
<p>I certify that I have personally examined (name) <u>Pradip</u> son/ daughter / wife of <u>Dattaraj magar</u> residing at Who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is year and that he/she is fit for employment in as an adult / adolescent.</p>			
8.	Reason for -		for construction work checked labour worker fitness.
	(1) refusal of certificate	:	
	(2) Certificate being revoked	:	

Signature / Left Hand Thumb impression of building worker



Signature with Seal
Medical Inspector / C.M.O

Dr. Ajit Ghule
M.B.B.S., D.C.H.
Reg. No. 79018
AMA For Central
Govt. Employees

Note :- (1) Exact details of cause of physical disability should be clearly stated
(2) Functional / productive abilities should also be stated if disability is stated.

NOTE - MEDICAL EXAMINATION DONE ON OPD BASIS. NOT USEFUL FOR MEDICO LEGAL CASE.

I could not discover any major illness, contagious diseases in him/ her except NIL. Minor defect in eyesight can be corrected by using lenses.

He / She is physically and mentally fit for said work.

CERTIFICATE OF MEDICAL EXAMINATION

Annexure - 1

Medical Examination for all workmen

Physical Examination		Enquiry of previous History	
Height	5' 4" 162cm	Varicose	NO
Weight	52kg.	Seizure	- -
Blood Pressure	120/80	Vertigo	- -
Pulse	84/min	Acrophobia	- -
Hearing	Normal	Diabetes	- -
Refractive Error	- -	Stroke	- -
Colour Vision	- -	Heart Diseases	- -
Any Disability	NO	Major illness or Surgery	- -
Arm Function & Grip	Good	Symptoms Visible	-
Leg & Foot Function	- -	Others, if any	-
Vertigo Test for Height work			

Additional checks for Operators & Drivers (As per BOCW Act. & Rules)

- **Vision** : Total visual performance and standard orthorator like Titmus vision which includes (Separate reports to be attached)
 - Night Vision
 - Visual perception
 - Glare Resistance & Recovery
 - Peripheral Vision
- **Breathing** : Peak flow rate using standard peak flow meter and the average peak flow rate (Separate report to be attached)

Additional checks for Food Handlers (Workmen involved in preparation & Supply)

- Careful examination for skin diseases
- Personal hygiene such as hair, nails etc.
- Chest X-ray if preliminary examination reveals chest congestion (Separate reports to be attached, if conducted)

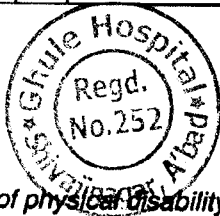
Additional checks for Welders

- Examine & check for symptoms of respiratory diseases.
- If suspected Chest X-ray taken to confirm (Separate report to be attached, if conducted)

FORM XXVIII
(See rule 250 (c))
Certificate of Medical Examination

1.	Certificate Serial No.	:	
	Date	:	Date 13/4/2023
2.	Name	:	Son / Daughter of : Dhananjay Vilasrao Deshmukh
	Identification Marks	:	[1] [2]
3.	Father's Name	:	Vilasrao Deshmukh
4.	Sex	:	male
5.	Residence	:	Domegam, Aurangabad
6.	Date of Birth, if available	:	28/09/2000
	and/or certificate of age	:	
7.	Physical Fitness	:	
<p>I certify that I have personally examined (name) <u>Dhananjay Vilasrao Deshmukh</u> son/ daughter / wife of <u>Vilasrao Deshmukh</u> residing at <u>231</u> Who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is <u>23</u> year and that he/she is fit for employment in as an adult / adolescent.</p>			
8.	Reason for -	:	Fitness checking of Worker
	(1) refusal of certificate	:	
	(2) Certificate being revoked	:	

Signature / Left Hand Thumb impression of building worker



Signature with Seal
Medical Inspector / C.M.D.

[Signature]
Dr. Ajit Ghule
M.B.B.S., D.C.H.
Reg. No. 79018
AMA For Central
Govt. Employees

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NOTE - MEDICAL EXAMINATION DONE ON OPD BASIS. NOT USEFUL FOR MEDICO LEGAL CASE.

I could not discover any major illness, contagious diseases in him/ her except NIL. Minor defect in eyesight can be corrected by using lenses.

He / She is physically and mentally fit for said work.

CERTIFICATE OF MEDICAL EXAMINATION

Annexure - 1

Medical Examination for all workmen

Physical Examination		Enquiry of previous History	
Height	5' 5" (16 cm)	Varicose	no
Weight	58 kg	Seizure	no
Blood Pressure	120/80	Vertigo	no
Pulse	78 min	Acrophobia	no
Hearing	Normal	Diabetes	no
Refractive Error	no	Stroke	no
Colour Vision	no	Heart Diseases	no
Any Disability	no	Major illness or Surgery	no
Arm Function & Grip	Good	Symptoms Visible	no
Leg & Foot Function	no	Others, if any	no
Vertigo Test for Height work		Normal,	

Additional checks for Operators & Drivers (As per BOCW Act. & Rules)

- **Vision** : Total visual performance and standard orthorator like Titmus vision which includes (Separate reports to be attached)
 - Night Vision
 - Visual perception
 - Glare Resistance & Recovery
 - Peripheral Vision
- **Breathing** : Peak flow rate using standard peak flow meter and the average peak flow rate (Separate report to be attached)

Additional checks for Food Handlers (Workmen involved in preparation & Supply)

- Careful examination for skin diseases
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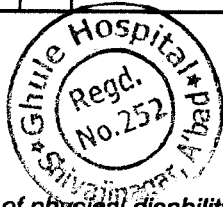
Additional checks for Welders

- Examine & check for symptoms of respiratory diseases.
- If suspected Chest X-ray taken to confirm (Separate report to be attached, if conducted)

FORM XXVIII
(See rule 250 (c))
Certificate of Medical Examination

1.	Certificate Serial No.	:	
	Date	:	Date 19/4/2023
2.	Name	:	Son / Daughter of : Suresh Deshmukh
	Identification Marks	:	[1] [2]
3.	Father's Name	:	
4.	Sex	:	Male
5.	Residence	:	
6.	Date of Birth, if available	:	01/01/1985
	and/or certificate of age	:	
7.	Physical Fitness	:	
<p>I certify that I have personally examined (name) <u>Suresh</u> son/ daughter / wife of <u>Chaitan Deshmukh</u> residing at <u>38</u> Who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is <u>38</u> year and that he/she is fit for employment in as an adult / adolescent.</p>			
8.	Reason for -	:	fitness checked of worker.
	(1) refusal of certificate	:	
	(2) Certificate being revoked	:	

Signature / Left Hand Thumb impression of building worker



Signature with Seal
Medical Inspector / C.M.O.

Ajit Ghule
Dr. Ajit Ghule
M.B.B.S., D.C.H.
Reg. No. 79018
AMA For Central
Govt. Employees

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I could not discover any major illness, contagious diseases in him/ her except NIL. Minor defect in eyesight can be corrected by using lenses.

He / She is physically and mentally fit for said work.

CERTIFICATE OF MEDICAL EXAMINATION

Annexure - 1

Medical Examination for all workmen

Physical Examination		Enquiry of previous History	
Height	156 cm	Varicose	Nil
Weight	68 kg	Seizure	Nil
Blood Pressure	110/70 mmHg	Vertigo	Nil
Pulse	88/min	Acrophobia	Nil
Hearing	WNL	Diabetes	No
Refractive Error	No	Stroke	No
Colour Vision	Normal	Heart Diseases	No
Any Disability	Nil	Major illness or Surgery	No
Arm Function & Grip	Normal	Symptoms Visible	No
Leg & Foot Function	Normal	Others, if any	No
Vertigo Test for Height work			

Additional checks for Operators & Drivers (As per BOCW Act. & Rules)

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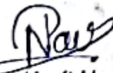
Additional checks for Welders

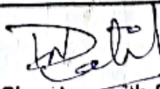
- Examine & check for symptoms of respiratory diseases.
- If suspected Chest X-ray taken to confirm (Separate report to be attached, if conducted)



FORM XXVIII
(See rule 250 (c))
Certificate of Medical Examination

1.	Certificate Serial No.	:	
	Date	:	Date 3/05/23
2.	Name - Nitin	:	Son / Daughter of: Nagrath Pawar
	Identification Marks	:	[1] male or (20) [2] check
3.	Father's Name	:	Nagrath Pawar
4.	Sex	:	male
5.	Residence	:	Solapur
6.	Date of Birth, if available	:	12/08/2000
	and/or certificate of age	:	
7.	Physical Fitness	:	fit
<p style="text-align: center;">I certify that I have personally examined (name) <u>Nitin Pawar</u> son / daughter / wife of <u>Nagrath</u> residing at <u>Solapur</u>. Who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is <u>31/05/23</u> year and that he/she is fit for employment in <u>work</u> as an adult / adolescent.</p>			
8.	Reason for -	:	-
	(1) refusal of certificate	:	-
	(2) Certificate being revoked	:	-


Signature / Left Hand Thumb
impression of building worker


Signature with Seal
Medical Inspector **D.M. PATIL**
MD. Phy.
D. G. Hospital, Solapur.
Reg. No. 49626

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He / She is physically and mentally fit for said work.