



Shivkrupa Multispeciality Hospital

Fracture Accident, Trauma, Critical Care Unit

Mahalunge - Ambethan Road,
Mahalunge Ingle, Tal - Khed,
Dist Pune - 410 501
Mob. : 9130082126, 9860415485

Dr. Pramod Pathre
MBBS. D. Orthre
अस्थिरोग तज्ञ
Reg. No. : 2000/8/2786



Patient Name : _____ Date : / /

Wight : _____ Age : _____ Sex : F/M

HEALTH CHECKUP

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SR.NO./CERTIFICATE NO. : 22

Date : 23.05.2018

NAME OF COMPANY : ASSOCIATE CONSTRUCTION.

EMPLOYEE NAME. : Mr.Kailas Chauhan AGE/SEX :- 40 yrs/male

CONTRACTOR NAME : Mr. Ali Imam Shaikh

ADDRESS. : A/P-Vasuli-Phata,Tal-Khed,Dist-Pune.410501.

PHYSIOLOGICAL PARAMETERS

Ht.(ft): 5.4" ft Weight.(Kgs) : 50 Kgs

COMPLAINTS: No

PAST HISTORY & FAMILY HISTORY :

GENERAL EXAMINATION.

Pulse.(Min) : 77 Min

BP : 130/70

PALLOR : Nil

Investigations :

Blood Group : " B " Rh Positive

Chest : Clear.

VISION (With/Without Glasses)

	Normal	
NEAR		
DISTANT		
COLOUR VISION	Clear	

SURGICAL CONDITIONS

He is Fit For Work

SIGN OF AUTHORITY WITH STAMP

DR. PRAMOD A. PATHRE
MBBS. D. ORTHO
Reg. No. 2000/08/2786

सुचना : १) जुणे सर्व रिपोर्ट घेऊन येणे.

२) काही त्रास झाल्यास त्वरीत डॉक्टरांना संपर्क करावा.

३) अॅलर्जी / बी.पी./हृदयरोग / डायबेटीस / फिट येणे किंवा दुसऱ्या गोळ्या / औषधे चालू असल्यास डॉक्टरांना सांगावे.

Screening Record

Employee/ Workers Details

Date: 20/7/18, ID No./ Gate Pass No. 33

Name of Organization/ Contractor: Al

Designation: maon

Name of Emp/ Worker: Kailash Chauhan

Name of Father/ Husband's: sukhbiran Chauhan

Name of ID Proof Document & No. RK 12100725

Present Address: m/s POAFI Pvt. Ltd. Chakan Industrial area
Bhamboli,

Telephone No. +91 _____, Mobile No. +91 9860481133

Permanent Address: H No-62 Sukhbirani area sukparsiya
T E b - Rudampur dist - Deoria

Pin Code: 491665

Emergency Contact No. Telephone No. +91 7250587390, Mobile No. +91 9970191335

Date of Birth: 1986, Age: 32, Gender: male

Marital status: married, No of Children (If Married): 3

Mother Tongue: Hindi, Other Languages Known: Hindi

Date of Induction Training: 23/5/17, Date of Pre-Medical Examination: 23/5/18

Name of Submitted ID Proof & No. (with this documents): election card - RK 12 100725

Blood Group: B+, Identification Mark On Body: _____

Weight: 50 kg, Height: 158 cm,

Left Hand Finger Prints:



If left the Job/ Duty, Mention date: _____

Name & Sign: [Signature]
Administrator Officer

[Signature]
Verified by HSE Officer