



SHREE LAXMI MULTISPECIALITY HOSPITAL
 Gat no 806, Kuranwasti, Near Mahindra company Gate no-2, Subhashwadi, Nighoje, Khed, Pune-410501
 Phone-8956968152 / 8830478152 Email: shreelaxmihospital2021@gmail.com

PROFORMA FOR MEDICAL EXAMINATION

NAME: Maimuddin munawar Khan
AGE: 35 yrs
DESIGNATION: _____

DATE: 30/06/2023
MOBILE: 7559335053

SEX: MALE / FEMALE

DIVISION / COMPANY: mahindra

UHID NO: PT02927

Aadhar No: 6586 2497 7510

GENERAL EXAMINATION:

Weight: _____ Kg.
B.P.: _____ / _____ mm of Hg
TEMP: Afeb

Height: _____ cm
Pulse: _____ / min.
SPo2: 99%

SYSTEMIC EXAMINATION :- CHEST EXPANSION

Respiration System: AEBE CLEAR
Central Nervous System: conscious
Alimentary System: normal
Colour Blindness: YES/ NO

Cardic Vascular System: S₁S₂ ⊕

Other Relevant Points:

EARS:- RT: Normal
 LT: Normal

EYES:-
D.V.: RT: 6/6 LT: 6/6
N.V.: RT: N/6 LT: N/6
With Glasses / Without Glasses
SQUINT:- YES / NO

PAST HISTORY OR SYMPTOMS OF:- EPILEPSY, MIGRANE, VERTIGO: - YES/ NO

SURGERY:- NO

PATIENT COMPLAINTS :-

H/O:- COUGH, COLD, FEVER NO **H/O TRAVELLING:-** NO
NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-

THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED
Mr. Maimuddin munawar Khan
AND TO MY KNOWLEDGE HE / SHE IS PHYSICALLY FIT / UNFIT AND MENTALLY TO
CARRY OUT DUTIES.

SIGN OF EMPLOYEE

Maimuddin Khan

YOUR'S SINCERELY.

[Signature]

SHREE LAXMI MULTISPECIALITY HOSPITAL

डॉ. विकास सावळे MBBS, MS, A.F.I.H
 कारखाने इन्स्पेक्टर १११८ व्हा कलम १०(२) प्रमाणे
 पुणे विद्यापीठात ०१/०१/२०२३ पासून ०१/०१/२०२५
 पर्यंत प्राधिकृत प्रमाणक सत्य दिविसरतक क्र ACS21-VS/2023