

| | |
|--|---|
| HEALTH CENTRE DR. ATUL PATEL DUODECILLION TOOL ROOM PRIVATE LIMITED MEBS, AFIH, DGO. Regd. No. G-24447 SHREEJEE HOSPITAL SANAND, AHMEDABAD | DATE 17-10-23 |
|--|---|

| | | | |
|-----------------------------|------------------------|-------------------------------------|--------|
| Surname Prerupati | Name Kalpesh | Father's Name Chandrubhai | Sr No: |
|-----------------------------|------------------------|-------------------------------------|--------|

| | | |
|-------------|---------|----------------------|
| Department: | Trade : | Age: 27 Years |
|-------------|---------|----------------------|

Name of the Contactor: _____

TO BE FILLED IN BY THE CANDIDATE

PAST & PRESENT ILLNESS : if YES "✓" if NO "X"

| | |
|--|---|
| ASTHMA <input type="checkbox"/> | HEART DISEASE <input type="checkbox"/> |
| T. B. <input type="checkbox"/> | LEPROSY <input type="checkbox"/> |
| EPILEPSY <input type="checkbox"/> | MAJOR INJURIES <input type="checkbox"/> |
| PSYCHIATRIC ILLNESS <input type="checkbox"/> | FRACTURE <input type="checkbox"/> |
| | OPERATION <input type="checkbox"/> |

Signature of candidate

FOR OFFICE USE ONLY

| Height 169 Cms. Weight 69 Kgs. BMI 24.2 | <p style="text-align: center;">CLINICAL EXAMINATION</p> BUILD : Average. NAILS : normal. PULSE : 88 BP : 110/70. mm Hg. CVS : 812 + Normal mur. RS : Clear. PA : Soft MUSCULO SKELETAL : normal SKIN : normal GENITO - URINARY : normal ANY OTHER : normal. | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------|------------|---------|-----------------|--|---|------------|------------|---|---|------------|------------|--------------|---|---|-----------|-----------|---|---|----------|----------|--|
| <p style="text-align: center;">VISION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2"></th> <th>Rt. Eye</th> <th>Lt. Eye</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Without Glasses</td> <td>D</td> <td>V</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>N</td> <td>V</td> <td>N 6</td> <td>N 6</td> </tr> <tr> <td rowspan="2">With Glasses</td> <td>D</td> <td>V</td> <td>6/</td> <td>6/</td> </tr> <tr> <td>N</td> <td>V</td> <td>N</td> <td>N</td> </tr> </tbody> </table> | | | | Rt. Eye | Lt. Eye | Without Glasses | D | V | 6/6 | 6/6 | N | V | N 6 | N 6 | With Glasses | D | V | 6/ | 6/ | N | V | N | N | Power of Glasses / Contact Lenses: _____ |
| | | | Rt. Eye | Lt. Eye | | | | | | | | | | | | | | | | | | | | |
| Without Glasses | D | V | 6/6 | 6/6 | | | | | | | | | | | | | | | | | | | | |
| | N | V | N 6 | N 6 | | | | | | | | | | | | | | | | | | | | |
| With Glasses | D | V | 6/ | 6/ | | | | | | | | | | | | | | | | | | | | |
| | N | V | N | N | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width:50%;">IDENTIFICATION OF INDIVIDUAL COLOURS</td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;">NORMAL</td> <td style="text-align: center;">DEFECTIVE</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table> | IDENTIFICATION OF INDIVIDUAL COLOURS | | NORMAL | DEFECTIVE | | | <p style="text-align: center;"> Signature of Medical Officer with Stamp </p> | | | | | | | | | | | | | | | | | |
| IDENTIFICATION OF INDIVIDUAL COLOURS | | | | | | | | | | | | | | | | | | | | | | | | |
| NORMAL | DEFECTIVE | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

ASIAN OCCUPATIONAL HEALTH CENTRE
 DR. ATUL PATEL (MBBS, AFIH, DGO)
 Regd. No. G-24447
 SHREEJEE HOSPITAL
 SANAND, AHMEDABAD.

Fitness Slip To be Issued by Examining Doctor: **Prerupati Kalpeshy**

Name of the Employee :- _____

Name of Contractor: _____

Medical fitness (valid for Two years From **17-10-23**)

Signature of Examining Doctor _____ Signature of Candidate _____

