

Part 1 – To be filled in by Candidate before Medical Examination

Post considered for:

Name (in Block Letters) **DATTATRAY UASANTRAG**

Address **SANTOSH NAGAR KATRAJ BHISE**

Date of birth **04/11/1987**



1. Are you currently being treated by a health professional for any illness or injury?
2. Do you use any drugs or medications prescribed by Doctor?
3. Do you use any drugs or medications not prescribed by Doctor?
4. Do you have heart disease
5. Do you have high blood pressure
6. Do you have vertigo or fear of heights
7. Do you have sleep disorder
8. Do you have Epilepsy
9. Have you ever had any serious injury, illness, operation, or been in hospital for any reason?
10. Have you ever been blackout/fainted
11. Do you drink alcohol?

	NO	YES
1. Are you currently being treated by a health professional for any illness or injury?	✓	
2. Do you use any drugs or medications prescribed by Doctor?	✓	
3. Do you use any drugs or medications not prescribed by Doctor?	✓	
4. Do you have heart disease	✓	
5. Do you have high blood pressure	✓	
6. Do you have vertigo or fear of heights	✓	
7. Do you have sleep disorder	✓	
8. Do you have Epilepsy	✓	
9. Have you ever had any serious injury, illness, operation, or been in hospital for any reason?	✓	
10. Have you ever been blackout/fainted	✓	
11. Do you drink alcohol?	✓	

22/07/23
Date


Signature of Candidate


Left Hand Thump impression

Part 2 - Clinical Examination/Lab test

Cardiovascular system

1 **BMI**

2 **Blood pressure - (repeat if necessary)**

Height 175 cm. Weight 75 Kg.

	Systolic	130	mmHg	120	mmHg
	Diastolic	90	mmHg	91	mmHg
b. Pulse rate	Regular	<input checked="" type="checkbox"/>	Irregular		
c. Heart sounds	Normal	<input checked="" type="checkbox"/>	Abnormal		
d. Peripheral pulses	Normal	<input checked="" type="checkbox"/>	Abnormal		
3 Chest/Lungs	Normal	<input checked="" type="checkbox"/>	Abnormal		
4 Abdomen (Liver)	Normal	<input checked="" type="checkbox"/>	Abnormal		

5 **Neurological/Locomotor**

a. Cervical spine rotation Normal Abnormal

b. Back movement Normal Abnormal

c. Upper limbs

	Appearance	Normal	<input checked="" type="checkbox"/>	Abnormal	
	Joint movements	Normal	<input checked="" type="checkbox"/>	Abnormal	

d. Lower limbs

	Appearance	Normal	<input checked="" type="checkbox"/>	Abnormal	
	Joint movements	Normal	<input checked="" type="checkbox"/>	Abnormal	

e. Reflexes Normal Abnormal

f. Romberg's sign Normal Abnormal

A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds

6 **Hearing (Doctor's judgement)** Normal Abnormal

7 **Vision Test (Doctor's judgement)** Normal

8 **Routine Urine Examination** ALBUMIN 4.3 SUGAR 4.4

9 **Routine Blood examination** HAEMOGRAM

Blood Group: B Rh factor: + Hb 18.6 TLC 6480 RBC 4.55

DLC - P L E M B Platelets Count 339000

Serum cholesterol 651201710311 S/Triglycerides:

HDL 167 LDL 120

49 116

Part 3- Certificate of Physical fitness

I hereby certify that Mr/Ms...D.A.T.T.A. TRAY VASANTRAO BHISE
has been examined by us, we cannot discover that he / ~~she~~ has got any disease,
communicable or otherwise, constitutional or bodily deformity except _____.

Candidate is hereby declared,

FIT

UNFIT

TEMPORARILY UNFIT

for the post of

- ✓1) Working on Height
- ✓2) Electrical work
- ✓3) Material lifting
- 4) Four wheeler Driving

Doctor's full name

Seal & Signature

Registration number

Date of examination

Navanath P. Shinde
DATTA CLINIC
Dr. Navanath P. Shinde
M.D. (HOM)
Regd. NO. 45762
22/07/2023

Part 1 – To be filled in by Candidate before Medical Examination

Post considered for:

Name (in Block Letters) **MOHD. SAMEED ALI**

Address **AMBEGAON KH. KATRAJ PUNE- 411043**

Date of birth **02/08/2001**



1. Are you currently being treated by a health professional for any illness or injury?
2. Do you use any drugs or medications prescribed by Doctor?
3. Do you use any drugs or medications not prescribed by Doctor?
4. Do you have heart disease
5. Do you have high blood pressure
6. Do you have vertigo or fear of heights
7. Do you have sleep disorder
8. Do you have Epilepsy
9. Have you ever had any serious injury, illness, operation, or been in hospital for any reason?
10. Have you ever been blackout/fainted
11. Do you drink alcohol?

	NO	YES
1. Are you currently being treated by a health professional for any illness or injury?	✓	
2. Do you use any drugs or medications prescribed by Doctor?	✓	
3. Do you use any drugs or medications not prescribed by Doctor?	✓	
4. Do you have heart disease	✓	
5. Do you have high blood pressure	✓	
6. Do you have vertigo or fear of heights	✓	
7. Do you have sleep disorder	✓	
8. Do you have Epilepsy	✓	
9. Have you ever had any serious injury, illness, operation, or been in hospital for any reason?	✓	
10. Have you ever been blackout/fainted	✓	
11. Do you drink alcohol?	✓	

24/11/23
Date

Signature of Candidate

Left Hand Thump impression



Part 2 - Clinical Examination/ Lab test

Cardiovascular system

1 **BMI**

Height	176 cm.	Weight 74 Kg.

2 **Blood pressure - (repeat if necessary)**

	Systolic	130	mmHg
	Diastolic	90	mmHg
		120	mmHg
		91	mmHg

b. Pulse rate

Regular	✓	Irregular	
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c. Heart sounds

Normal	✓	Abnormal	
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d. Peripheral pulses

Normal	✓	Abnormal	
--------	---	----------	--

3 **Chest/Lungs**

Normal	✓	Abnormal	
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4 **Abdomen (Liver)**

Normal	✓	Abnormal	
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5 **Neurological/Locomotor**

a. Cervical spine rotation

Normal	✓	Abnormal	
--------	---	----------	--

b. Back movement

Normal	✓	Abnormal	
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c. Upper limbs

Appearance	Normal	✓	Abnormal	
Joint movements	Normal	✓	Abnormal	

d. Lower limbs

Appearance	Normal	✓	Abnormal	
Joint movements	Normal	✓	Abnormal	

e. Reflexes

Normal	✓	Abnormal	
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f. Romberg's sign

Normal	✓	Abnormal	
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A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds

6 **Hearing (Doctor's judgement)**

Normal	✓	Abnormal	
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7 **Vision Test (Doctor's judgement)**

Normal

8 **Routine Urine Examination**

ALBUMIN 4.3 SUGAR 4.4

9 **Routine Blood examination**

HAEMOGRAM

Blood Group: A Rh factor: + Hb 18.7 TLC 6400 RBC 4.50

DLC - P L E M B	Platelets Count _____
66/20/7/02/1	
Serum cholesterol	S/Triglycerides: <u>120</u>
165	
HDL	LDL
49	115

Part 3- Certificate of Physical fitness

I hereby certify that Mr/Ms. MOHD. SAMEED ALI.....

has been examined by us, we cannot discover that he / she has got any disease, communicable or otherwise, constitutional or bodily deformity except _____.

Candidate is hereby declared,

FIT

UNFIT

TEMPORARILY UNFIT

for the post of _____

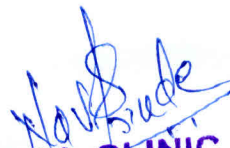
- 1) Working on Height
- 2) Electrical work
- 3) Material lifting
- 4) Four wheeler Driving

Doctor's full name

Seal & Signature

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