

# I CARE HEALTH SOLUTIONS

SHOP NO 12, MORYA BUSINESS COMPLEX, BEHIND HP PETROL PUMP, THERMAX CHOWK, CHINCHWAD-411019  
 Contact : 7387783239

## MEDICAL HEALTH CHECK-UP PROFORMA

**PERSONAL INFORMATION**

NAME: mahendra  
 CONTACT: 8290206929  
 DESIGNATION/POST: \_\_\_\_\_

DATE: 13 Dec 2023  
 AGE: 20 SEX: male  
 COMPANY NAME: mohan Interiors

**CURRENT AND PAST MEDICAL HISTORY : to BE Filled by candidate(Tick appropriate) YES /NO**

|          |         |        |               |         |        |                     |         |        |
|----------|---------|--------|---------------|---------|--------|---------------------|---------|--------|
| POLIO    | YES ( ) | NO (✓) | SURGERY       | YES ( ) | NO (✓) | PSYCHIATRIC ILLNESS | YES ( ) | NO (✓) |
| ASTHAMA  | YES ( ) | NO (✓) | ALLERGIES     | YES ( ) | NO (✓) | HYPERTENSION (BP)   | YES ( ) | NO (✓) |
| T.B      | YES ( ) | NO (✓) | HEART DISEASE | YES ( ) | NO (✓) | DIABETES (SUGAR)    | YES ( ) | NO (✓) |
| EPILEPSY | YES ( ) | NO (✓) |               |         |        |                     |         |        |

IF YES THEN DETAILS NO

**OFFICIAL USE ONLY:**

**GENERAL EXAMINATION**

HEIGHT: 184 CM  
 WEIGHT: 68.0 KG  
 PULSE: 89 /MIN  
 BP: 122/86 MMHG  
 LYMPH NODES: NO  
 HERNIA: YES ( ) NO (✓)  
 PHYMOSIS: YES ( ) NO (✓)  
 ANY OTHER: NO

EAR: RT: (N) LT: (N)  
 NOSE: NORMAL ( ) ABNORMAL ( )  
 THROAT: NORMAL ( ) ABNORMAL ( )  
 TEETH: NORMAL ( ) ABNORMAL ( )  
 NAILS: NORMAL ( ) ABNORMAL ( )  
 SKIN: NORMAL ( ) ABNORMAL ( )  
 IF ANY: NO  
 EYES: D.V.: RT: 6/6 LT: 6/6  
 N.V.: RT: N 6 LT: N 6  
 WITH GLASS / WITHOUT GLASS

**BODY PARAMETERS:**

1. BMI: 20.0  
 2. IDEAL WT: 84 KG  
 3. HIP/WAIST RATIO: 0.8  
 SQUINT: NO  
 NYSTAGMUS: NO  
 COLOUR BLINDNESS: NO

**SYSTEMIC EXAMINATION: Acute clear**

RESPIRATORY SYSTEM: \_\_\_\_\_  
 CENTRAL NERVOUS SYSTEM: Awake oriented  
 CARDIO VASCULAR SYSTEM: SIS  
 ALIMENTARY SYSTEM: SFT (M)  
 MUSCULO-SKELETAL SYSTEM: NAD

### FITNESS REMARK

I certify that I have examined Mr./Ms. mahendra ..... Whose signature is given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defect which may interfere with his / her studies / work including the outdoor duties required of a professional. he / she is **fit**.

Signature of the Candidate :

Mahendra Sauri



Dr. Dhondiram V. Kharasagar  
 MBBS., D-ORTHO, A.I.F.H.  
 स्नातकोत्तर  
 कारखाने अधिनियम १९४८ ब्या कलम १०(१)प्रमाणे  
 पुणे जिल्हाकरिता कारावधी दिनांक-१२ जुलै २०२३  
 पासून दिनांक-१९ जुलै २०२३  
 प्राधिकृत प्रमाणक शल्यचिकित्सा  
**STAMP & SIGNATURE OF CERTIFYING SURGEON**

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 Contact : 7387783239

## MEDICAL HEALTH CHECK-UP PROFORMA

### PERSONAL INFORMATION

NAME: Satyendra Kumar  
 CONTACT: 9987246398  
 DESIGNATION/POST: \_\_\_\_\_

DATE: 12 Dec 2023  
 AGE: 30 SEX: male  
 COMPANY NAME: man monan Interiors

### CURRENT AND PAST MEDICAL HISTORY : to BE Filled by candidate (Tick appropriate) YES / NO

|          |         |        |               |         |        |                     |         |        |
|----------|---------|--------|---------------|---------|--------|---------------------|---------|--------|
| POLIO    | YES ( ) | NO (✓) | SURGERY       | YES ( ) | NO (✓) | PSYCHIATRIC ILLNESS | YES ( ) | NO (✓) |
| ASTHAMA  | YES ( ) | NO (✓) | ALLERGIES     | YES ( ) | NO (✓) | HYPERTENSION (BP)   | YES ( ) | NO (✓) |
| T.B      | YES ( ) | NO (✓) | HEART DISEASE | YES ( ) | NO (✓) | DIABETES (SUGAR)    | YES ( ) | NO (✓) |
| EPILEPSY | YES ( ) | NO (✓) |               |         |        |                     |         |        |

IF YES THEN DETAILS \_\_\_\_\_

### OFFICIAL USE ONLY:

#### GENERAL EXAMINATION

HEIGHT: 72 CM  
 WEIGHT: 68.4 KG  
 PULSE: 81 /MIN  
 BP: 112/72 MMHG  
 LYMPH NODES: NO  
 HERNIA: YES ( ) NO (✓)  
 PHIMOSIS: YES ( ) NO (✓)  
 ANY OTHER: NO

EAR: RT: (1) LT: (1)  
 NOSE: NORMAL (✓) ABNORMAL ( )  
 THROAT: NORMAL (✓) ABNORMAL ( )  
 TEETH: NORMAL (✓) ABNORMAL ( )  
 NAILS: NORMAL (✓) ABNORMAL ( )  
 SKIN: NORMAL (✓) ABNORMAL ( )  
 IF ANY: NO  
 EYES: D.V.: RT: 6/6 LT: 6/6  
 N.V.: RT: N 6 LT: N 6  
 WITH GLASS / WITHOUT GLASS

#### BODY PARAMETERS:

1. BMI: 23.1  
 2. IDEAL Wt: 72 KG  
 3. HIP/WAIST RATIO: 0.8  
 SQUINT: NO  
 NYSTAGMUS: NO  
 COLOUR BLINDNESS: NO

#### SYSTEMIC EXAMINATION:

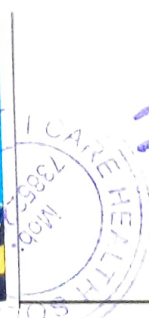
RESPIRATORY SYSTEM: clear  
 CENTRAL NERVOUS SYSTEM: no abnormal  
 CARDIO VASCULAR SYSTEM: 82/82  
 ALIMENTARY SYSTEM: 80 bpm  
 MUSCULO-SKELETAL SYSTEM: NAD

### FITNESS REMARK

I certify that I have examined Mr./Ms. Satyendra Kumar Whose signature is given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defect which may interfere with his / her studies / work including the outdoor duties required of a professional. he / she is fit.

Signature of the Candidate :

Satyendra Kumar



Satyendra Kumar  
 MBBS., D-ORTHOA  
 2018

कारखाने अधिनियम 1956 द्या वलम 1 (2) मध्ये  
 पुणे जिल्हाकरिता कालावधी दिनांक-19 जून 2023

पारून दिनांक-19 जून 2023  
**STAMP & SIGNATURE OF CERTIFYING SURGEON**  
 प्राधिकृत प्रमाणिक शल्यचिकित्सक क्र. ACS28-DIA2018



