



MEDICAL EXAMINATION REPORT

DATE: 27/5/24

NAME: RASHTARPAL. CHESHRAO SIRSAI AGE: 32
 SEX: MALE / FEMALE DATE OF JOINING: / / DOB: 01/01/1993
 ADDRESS: Ranheri, Balapur, Kupata, Akola MH
 IDENTIFICATION MARK: Mole on RT of Neck

GENERAL EXAMINATION:

HEIGHT: <u>173</u> cm	WEIGHT: <u>70</u> kg	PALLOR: <u>NO</u>
CHEST: <u>91</u> cm	ABDOMEN: <u>86</u> cm	NAILS: <u>Normal</u>
GAIT: <u>Normal</u>	CYNOSIS: <u>NO</u>	ICTERUS: <u>NO</u>
SKIN: <u>Dark Normal</u>	GENITOURINARY: <u>NAD</u>	PULSE: <u>80</u> /min
COLOUR VISION: normal / color blindness	BLOOD PRESSURE: <u>124/78</u> mm of hg	
HABIT: TOBACCO/SMOKER/ALCOHOLIC/OTHERS/NO HABIT	ATAXIA: <u>Negative</u>	

SYSTEMIC EXAMINATION:

C.N.S: <u>NAD</u>	R.S: <u>NAD</u>	C.V.S: <u>NAD</u>
EYES: <u>ok NAD</u>	E.N.T: <u>NAD</u>	P/ABD: <u>NAD</u>

PAST ILLNESS / HOSPITALIZATION (IF ANY): Please tick (yes/no)

- | | |
|----------------------------------|--|
| 1. JAUNDICE | yes/no <input checked="" type="checkbox"/> |
| 2. TYPHOID | yes/no <input checked="" type="checkbox"/> |
| 3. VD | yes/no <input checked="" type="checkbox"/> |
| 4. KOCH'S / TUBERCULOSIS | yes/no <input checked="" type="checkbox"/> |
| 5. HANSEN'S DISEASE/ LEROSEY | yes/no <input checked="" type="checkbox"/> |
| 6. CHRONIC COUGH | yes/no <input checked="" type="checkbox"/> |
| 7. INFECTIVE SKIN DISEASE | yes/no <input checked="" type="checkbox"/> |
| 8. SPINE PROBLEM / LOW BACK PAIN | yes/no <input checked="" type="checkbox"/> |
| 9. VERTIGO /GIDDINESS | yes/no <input checked="" type="checkbox"/> |
| 10. EPILEPSY / SEIZURES | yes/no <input checked="" type="checkbox"/> |
| 11. OTHER MAJOR ILLNESS | yes/nd <input checked="" type="checkbox"/> |

MEDICAL CERTIFICATE

We hereby certify that Shri /Smt./Kum RASHTARPAL. S. SIRSAI
 a candidate for appointment in Dhanshri Industries Pvt. Ltd.
 has been examined by us on the day of examination, we cannot discover that he / she has got
 any disease, communicable or otherwise, constitutional or bodily deformity, and ATAXIA (can work
 at height), he/ she is hereby declared, as:

FIT UNFIT

M
 Dr. Shaikh Mohd. Navid
 Signature of Chief Medical Officer
 MBBS (AFM)
 Reg. No. 2005/02/0762