

MEDICAL FITNESS CERTIFICATE

Date: 18/12/22

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Fo Whom It May Concern	This is certify that

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Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj

, Aurangabad. On 1817 m. at 1.13 pm.

Above mention person medically fit and not having any medical disease and covid -

19 symptoms.

2021 - 981.
PRI- 74/min.
107/19.19

Factory Medical officer
Reg. NoOE 601082804
Endurance Technologies Limited,

indurance Technologies Limited, L6/3 MIDC Waluj Aurangabad

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ENDURANCE Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 181 7102

To Whom It May Concern 12, Shor Lol Lhandle.

14.22 6/2

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj , Aurangabad. On 18/7/22 at 1:10 pm: This is certify that ---

Above mention person medically fit and not having any medical disease and covid -

19 symptoms.

Veron Medical office

Endurance Technologies Limited, L6/3 MIDC Waluj Aurangabad

nployee	e No.: Age 26	yrs		months Sex. M.
obile No mail ID		,		
No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
	Do you have symptoms of any of the following?	·		
	Fever	 		
	Cough/sneezing/ Sore throat			
1	Diarrohea	 	11	
	Loss of sense of smell/ taste	-	1	
	Myalgia (Pain in muscle)/ Body Pain		1	
	Difficulty in breathing	-	11	If yes mention the countries
2	Have you travelled outside the country in past 30 days?		1	1 .
	Has anyone from your family /close contact travelled outside the		1	If yes mention the countries
3	1	 		If yes mention the cities
	Have your any of your family members travelled inside India to other		1	Til yes memor me ches
4	1 11: 1 4 f E doug?	+-	+	
	Has any person in your close contact been tested positive for covid-		1	†
5	40:	+	1.	
6	Have you and/or any your family member visited a health care			
0	i f - its II- marin noct two WOOKS /	+	1	
	Have your any family member been kept in/advised quaratine for 14		10	1
7	days upon exposure to a confirmed covid-19 case or suspicious			
	patient? Are you are living in a containment/micro containment zone or has		1	
	Are you are living in a containment more containment your area/society been sealed in past 28 days by the government		10	
8		.2		
	agencyles? Are you suffering from co-morbidities or any high risk disease i.e.		11	1
9	(Asthma, Heart Problem, cancer etc.)?			
	Have you downloaded & using Aarogya Setu App?	1	1	
10	Thave you downloaded a senig.	1	1	

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ID.C. WALL	Contract Wo	rker's Job Fi	tness Assessme	nt
C.No.	Points		Details	Remarks
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	Machine training to be provided			
	ESI/Medical Insurance &	. WC		
	PPE's required and give	n		

Supervisor Sign.

Sign of HSE

to and

Sign of User Dept. Head



	Annexure: Self-Declaration Fo	orm (Frequency)	700)	meaths Sex M
	Unalin ansell	A 4'	*		months Sex / VI
ame of the person — H12111 30211 Date 21.0.1 Age 26 yr mployee No.: M/FM Q		S		ae Aurogabad	
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obile No.	+2.40.920.70		*******		
mail ID			Voc	No	Describe
	Answer the following questions by ticking appr	opriate box	Yes	140	Besseries
No.	Answer the following?				
	Do you have symptoms of any of the following?				
1	Fever	•		1	
	Cough/sneezing/ Sore throat			11	
1	Diarrohea			1	
·	Less of sonse of smell/ taste			1	
T	Myalgia (Pain in muscle)/ Body Pain			11/	
	Difficulty in breathing	doug		1	If yes mention the countries
	travelled outside the country in past of	uaysi	-	1	If yes mention the countries
2	Have you travelled odiside the contact trave	lled outside the		1	
3	country in past 30 days?		-	+	If yes mention the cities
	country in past 30 days? Have you/ any of your family members travelled	inside India to other		1	1, 900
4	cities in past 15 days?		+	-	
	cities in past 15 days? Has any person in your close contact been tester	d positive for covid-		1	1
5	19 in past two weeks ?		+	+	
	19 in past two weeks? Have you and/or any your family member visited	a health care		1	1
6	facility/doctor in past two weeks?	·	-	+-	
<u> </u>	facility/doctor in past two weeks? Have you/ any family member been kept in/advis	sed quaratine for 14		16	+
	Have you/ any family member been kept it advis days upon exposure to a confirmed covid-19 cas	se or suspicious			
7	days upon exposure to a committee		4-		
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8	Are you are living in a containment/fillid containment your area/society been sealed in past 28 days by the government		-		
	agencyles? Are you suffering from co-morbidities or any high	h risk disease i.e.		10	
9	Are you suffering from co-moracer etc.)? (Asthma, Heart Problem, cancer etc.)?		1 100	-	
	(Asthma, Heart Problem, Cancer Co.) Have you downloaded & using Aarogya Setu Ap	pp?	1		
10				ــــــــــــــــــــــــــــــــــــــ	
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against	Sign of person.	ARL AFIH 8250A			2-96+ 90/min - 36.50
against	Sign of person.	ARL AFIH 8250A			- 90/min - 36.50
against	Sign of person.	ARL AFIH 8250A			2-96+ 90/min - 36.50