

SHREE CLINIC



Shree Clinic

Branch 1 : Mantra Residency, Nighoje, Chakan,
Maharashtra 410501
Email: shreeclinic158@gmail.com

Branch 2: Capital City, Nighoje, Chakan,
Maharashtra 410501
Contact: +91 90216 26241/ +91 98222 34472

PROFORMA FOR MEDICAL EXAMINATION

NAME: Miss Poonam Ashok Andre DATE: 26/5/24
AGE: 21 yrs SEX: MALE/FEMALE
MOBILE NO: 8605796877
AADHAR NO: 5073 8285 9330

GENERAL EXAMINATION:

Weight: 54 Kg.

B.P.: 100/72 mm of Hg

TEMP: AFUB

Height: 167 cm

Pulse: 72 /min.

SPO2: 100 %

SYSTEMIC EXAMINATION:-

Respiratory System: AEBE clear

Cardio Vascular System: S, S₂ Normal

Alimentary System: soft

Central Nervous System: Co-orientd

Colour Blindness: YES/NO

Other Relevant Points:

EARS:-

EYES:-

RT: J^(N)

D.V. : RT: 6/6

LT: 6/6

LT:

N.V. : RT: N/6

LT: N/6

SQUINT: YES/NO

With Glasses / Without Glasses

PAST HISTORY OR SYMPTOMS OF: - EPILEPSY, MIGRAINE, VERTIGO : - YES/NO

SURGERY:- NO

PATIENT COMPLAINTS :-

H/O :- COUGH, COLD, FEVER :- NO

H/O TRAVELLING :- NO

NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-

THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED

Miss. Poonam Ashok Andre

AND TO MY CLINICAL KNOWLEDGE ~~HE~~/SHE IS PHYSICALLY AND MENTALLY FIT/~~UNFIT~~ TO CARRY OUT DUTIES.

Poonam
SIGN OF EMPLOYEE

YOUR'S SINCERELY

K Ghutte
Dr. Keshav Ghutte
MBBS, MD, AFIH
Consulting Anaesthesiologist
Reg. No: 2001/10/3284

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PROFORMA FOR MEDICAL EXAMINATION

NAME: Mr Mahesh Dhanaji Javaldapake DATE: 26/5/24
AGE: 24 yrs SEX: MALE/FEMALE
MOBILE NO: 7378459004
AADHAR NO: 5838 4869 7362

GENERAL EXAMINATION:

Weight: 47.7 Kg.

B.P.: 120/70 mm of Hg

TEMP: AKUB

Height: 163 cm

Pulse: 76 /min.

SPO2: 100 %

SYSTEMIC EXAMINATION:-

Respiratory System: AEBE clear

Cardio Vascular System: S₁S₂ Normal

Alimentary System: soft

Central Nervous System: Consc. oriented

Colour Blindness: YES/NO

Other Relevant Points:

EARS:-

EYES:-

RT: JN

D.V. : RT: GIB

LT: GIB

LT:

N.V. : RT: NIG

LT: NIG

SQUINT: YES/NO

With Glasses / Without Glasses

PAST HISTORY OR SYMPTOMS OF: - EPILEPSY, MIGRAINE, VERTIGO : - YES/NO

SURGERY:- NO

PATIENT COMPLAINTS :-

H/O :- COUGH,COLD,FEVER :- NO

H/O TRAVELLING :- No

NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-


THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED

Mr. _____

AND TO MY CLINICAL KNOWLEDGE HE/SHE IS PHYSICALLY AND MENTALLY FIT/~~UNFIT~~ TO CARRY OUT DUTIES.


SIGN OF EMPLOYEE

YOUR'S SINCERELY


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PROFORMA FOR MEDICAL EXAMINATION

NAME: Mr. Pankaj Kumar Ray DATE: 26/5/24
AGE: 40 yrs SEX: MALE/FEMALE
MOBILE NO: 7091061574
AADHAR NO: 9560 7394 9670

GENERAL EXAMINATION:

Weight: 56 Kg.

B.P.: 112/78 mm of Hg

TEMP: Afeb

Height: 160 cm

Pulse: 72 /min.

SPO2: 100 %

SYSTEMIC EXAMINATION:-

Respiratory System: AEBE clear

Cardio Vascular System: S₁S₂ Normal

Alimentary System: soft

Central Nervous System: conscious, oriented,

Colour Blindness: YES/NO

Other Relevant Points:

EARS:-

EYES:-

RT: J

D.V. : RT: GIG

LT: GIG

LT: J

N.V. : RT: NIG

LT: NIG

SQUINT: YES/NO

With Glasses / Without Glasses

PAST HISTORY OR SYMPTOMS OF: - EPILEPSY, MIGRAINE, VERTIGO : - YES/NO

SURGERY:- NO

PATIENT COMPLAINTS :-

H/O :- COUGH, COLD, FEVER :- NO

H/O TRAVELLING :- NO

NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-

THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED

Mr. Pankaj Kumar Ray

AND TO MY CLINICAL KNOWLEDGE HE/SHE IS PHYSICALLY AND MENTALLY FIT/UNFIT TO CARRY OUT DUTIES.

Pankaj

SIGN OF EMPLOYEE

YOUR'S SINCERELY

K. Ghutte
Dr. Keshav Ghutte
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Consulting Anaesthesiologist
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PROFORMA FOR MEDICAL EXAMINATION

NAME: Mr Rajan Gupta
AGE: 19 yrs SEX: MALE/FEMALE
MOBILE NO: 8739072813
AADHAR NO: 8495 8818 0535

DATE: 26/5/24

GENERAL EXAMINATION:

Weight: 52 Kg.

B.P.: 110/70 mm of Hg

TEMP: Afebr

Height: 167 cm

Pulse: 76 /min.

SPO2: 100 %

SYSTEMIC EXAMINATION:-

Respiratory System: AEBE clear

Cardio Vascular System: S.S. Normal

Alimentary System: soft

Central Nervous System: Consc. oriented

Colour Blindness: YES/NO

Other Relevant Points:

EARS:-

RT: JN

LT:

EYES:-

D.V. : RT: 6/6

N.V. : RT: N/6

LT: 6/6

LT: N/6

SQUINT: YES/NO

With Glasses / Without Glasses

PAST HISTORY OR SYMPTOMS OF: - EPILEPSY, MIGRAINE, VERTIGO : - YES/NO

SURGERY:- No

PATIENT COMPLAINTS :-

H/O :- COUGH, COLD, FEVER :- NO

H/O TRAVELLING :- NO

NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-

THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED

Mr. Rajan Gupta

AND TO MY CLINICAL KNOWLEDGE HE/SHE IS PHYSICALLY AND MENTALLY FIT/UNFIT TO CARRY OUT DUTIES.

Rajan
SIGN OF EMPLOYEE

YOUR'S SINCERELY

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PROFORMA FOR MEDICAL EXAMINATION

NAME: Mrs. Sunita Krashna Dadhel DATE: 26/5/24
AGE: 33 yrs SEX: MALE/FEMALE
MOBILE NO: 8766 053 269
AADHAR NO: 8321 7821 9564

GENERAL EXAMINATION:

Weight: 48 Kg.

B.P.: 120/70 mm of Hg

TEMP: AFUB.

Height: 150 cm

Pulse: 76 /min.

SPO2: 100 %

SYSTEMIC EXAMINATION:-

Respiratory System: FEDE clear

Cardio Vascular System: S, S₂ Normal

Alimentary System: Soft

Central Nervous System: Conscious oriented

Colour Blindness: YES/NO

Other Relevant Points:

EARS:-

EYES:-

RT:

D.V. : RT:

LT: 6/6

LT:

N.V. : RT:

LT: N/6

SQUINT: YES/NO

With Glasses / Without Glasses

PAST HISTORY OR SYMPTOMS OF: - EPILEPSY, MIGRAINE, VERTIGO : - YES/NO

SURGERY:- NO

PATIENT COMPLAINTS :-

H/O :- COUGH, COLD, FEVER :- NO

H/O TRAVELLING :- NO

NO COVID 19 LIKE SYMPTOMS AT PRESENT.

REMARK:-

THIS IS TO CERTIFY THAT I HAVE CAREFULLY EXAMINED

Mr. Sunita Krashna Dadhel

AND TO MY CLINICAL KNOWLEDGE ~~HE~~ SHE IS PHYSICALLY AND MENTALLY FIT/UNFIT TO CARRY OUT DUTIES.

[Signature]
SIGN OF EMPLOYEE

YOUR'S SINCERELY

[Signature]
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