

SAI GANESH HOSPITAL



DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948

MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	30/07/2024		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
DIPAK GAJANAN NIRMAL	24 YRS	MALE	12-08-1999

Height (Cm)	WEIGHT[KG]	Pulse /bpm	Blood Pressure (mm of Hg)		
167 CM	57 KG	74 BPM	122/82 MM OF HG		
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓				
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Present Complaints	NAD				
Clinical Examination (Systemic)	General Condition	Positive	✓	Negative	
	Anemia	Positive		Negative	✓
	Jaundice :	Positive		Negative	✓
	Cyanosis :	Positive		Negative	✓
	Lymphadenopathy :	Positive		Negative	✓
	Oedema :	Positive		Negative	✓
	J.V.P. :	Positive		Negative	✓
Respiratory System	AEBE				
Central Nervous Systems :	CONSCIOUS ORIENTED				
Cardiovascular System	S₁ S₂ NORMAL				
Abdominal System	NAD				

Vision / Ophthalmic check up	Color Vision NORMAL	Right Eye 6/6	Left Eye 6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :-94.9 F SPO2 :-98 %		
Result / Remarks	FIT FOR WORK .		

Signature of Patient

Dr. UMAKANT KARMALKAR
MBBS, D.ORTHO,DNB ORTHO,
AFIH,ENDOSCOPIC SPINE
SURGEON.REG. NO. 2006020416

Seal & Sign. Of Medical Examiner.

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON LEFT CHEEK	20/07/2024		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
KAMLESH KARBHARI NIMONE	23 YRS	MALE	01/04/2001

Height (Cm)	WEIGHT[KG]	Pulse /bpm	Blood Pressure (mm of Hg)		
185 CM	66 KG	70 BPM	122/82 MM OF HG		
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓				
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Present Complaints	NAD				
Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Clinical Examination (Systemic)	Respiratory System	AEBE			
	Central Nervous Systems :	CONSCIOUS ORIENTED			
	Cardiovascular System	S₁ S₂ NORMAL			
	Abdominal System	NAD			

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Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :-97.7 F		
	SPO2 :- 99 %		
Result / Remarks	FIT FOR WORK .		

[Handwritten Signature]

Signature of Patient

[Handwritten Signature]

Dr. UMAKANT KARMALKAR
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AFIH,ENDOSCOPIC SPINE
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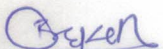
MEDICAL EXAMINATION REPORT

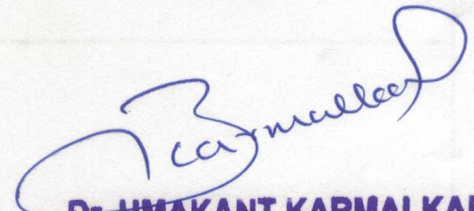
Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	20/07/2024		MARRIED

Name of Examinee	Age	Sex	Date of birth
PRADIP ANANDRAO BORKAR	37 YRS	MALE	24/12/1986

Height (Cm)	WEIGHT [KG]	Pulse /bpm	Blood Pressure (mm of Hg)
163 CM	59 KG	82 BPM	112/78 MM OF HG
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD ✓		
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil ✓		
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil ✓		
Present Complaints	NAD		
	General Condition	Positive ✓	Negative
	Anemia	Positive	Negative ✓
	Jaundice :	Positive	Negative ✓
	Cyanosis :	Positive	Negative ✓
	Lymphadenopathy :	Positive	Negative ✓
	Oedema :	Positive	Negative ✓
	J.V.P. :	Positive	Negative ✓
Clinical Examination (Systemic)	Respiratory System	AEBE	
	Central Nervous Systems :	CONSCIOUS ORIENTED	
	Cardiovascular System	S ₁ S ₂ NORMAL	
	Abdominal System	NAD	

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :-97.1 F		
	SPO2 :- 99 %		
Result / Remarks	FIT FOR WORK .		


Signature of Patient


Dr. UMAKANT KARMALKAR
MBBS, D.ORTHO,DNB ORTHO,
AFIH,ENDOSCOPIC SPINE
SURGEON.REG. NO. 2006020416
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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	25/07/2024		MARRIED

Name of Examinee	Age	Sex	Date of birth
SWAPNIL KAILAS KATHAR	28 YRS	MALE	08/05/1995

Height (Cm)	WEIGHT[KG]	Pulse /bpm	Blood Pressure (mm of Hg)
176 CM	95 KG	76 BPM	130/90 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S ₁ S ₂ NORMAL
	Abdominal System	NAD



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MEDICAL EXAMINATION REPORT

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :-96.4 F		
	SPO2 :- 99 %		
Result / Remarks	FIT FOR WORK .		

Skethar

Signature of Patient



U. Karmalkar

DR. UMAKANT KARMALKAR
MBBS, D.ORTHO,DNB ORTHO,
AFIH,ENDOSCOPIC SPINE
SURGEON,REG. NO. 200602041

Seal & Sign. Of Medical Examiner