



I CARE HEALTH SOLUTIONS
PERIODIC MEDICAL EXAMINATION OF WORKING AT HEIGHT
HEALTH SERVICES - PUNE



Name:- Rohan	P.NO
BC Number Endurance Team	Dept
Date of medical checkup 19 Dec 2023	Mob No.
	Age. 18

Any Complaint no

Height :- 172 cms	Weight :- 56.2 kgs	BMI :- 17.1	Waist :- 70 cms	Hip :- 90 cms	Ratio :- 0.7
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Addiction

Alcohol <u>no</u>	Smoking <u>no</u>	Tobacco <u>no</u>	Present job <u>-</u>
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Chronic disease : DM, HTN, Asthma, vertigo, Epilepsy, other. (Yes/No): no

Oral cavity : normal

Urine sugar :	<u>neg</u>	BSL-R	<u>100</u> mg/di
Vision Distance		Near	
Right 6/ <u>6</u>	Left <u>6/6</u>	Right N <u>6</u>	Left N <u>6</u>
Ptosis: Yes/No <u>✓</u>	Diplopia Yes/No <u>✓</u>		
Nystagmus <u>no</u>	up	Down	
Head thrust test:	<u>neg</u>		
Pulse	<u>67</u> /min	BP <u>103</u>	<u>60</u> mmhg

SYSTEMIC EXAMINATION:

C.N.S: Assessed & oriented

	MOTOR	SENSORY
Tone:-	<u>normal</u>	Tandom walking:-
Power:-	<u>normal</u>	Romberg's sign
Reflexes:-	<u>normal</u>	Co-ordination test:-
Muscle bulk:-		
CVS <u>S, S2</u>	R.S. <u>AEBE C I EOR</u>	PIA <u>Soft</u> <u>nt</u>
ENT EXAM.	Conventional hearing:-	<u>Normal</u>
	Auroscopy:-	<u>Normal</u>
	Vertigo	<u>no</u>
	Meniers disease (vertigo, Tinnitus Deafness)	<u>no</u>
H/O Working at height :-	<u>Yes</u>	
H/O any medicines:-	<u>no</u>	
Important findings :	<u>no</u>	
Advjce if any:-	<u>no</u>	
FIT / UNIFIT for working at height:		

Sign. M.O. डॉ. योर्दे राम वि. को. सागर Rohan Employee sign.

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: Ramsamuchi
 CONTACT: _____
 DESIGNATION/POST: _____

DATE: 13/09/24
 AGE: 32 SEX: M
 COMPANY NAME: Auto Tech

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

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

IF YES THEN DETAILS: no

OFFICIAL USE ONLY:

GENERAL EXAMINATION

HEIGHT: 154 CM
 WEIGHT: 54.7 KG
 PULSE: 79 /MIN
 BP: 139/90 MMHG
 LYMPH NODES: no
 HERNIA: YES () NO (X)
 PHYMOSIS: YES () NO (X)
 ANY OTHER: old injury to index finger

EAR: RT: (N) LT: (N)
 NOSE: NORMAL (X) ABNORMAL ()
 THROAT: NORMAL (X) ABNORMAL ()
 TEETH: NORMAL (X) ABNORMAL ()
 NAILS: NORMAL (X) ABNORMAL ()
 SKIN: NORMAL (X) ABNORMAL ()
 IF ANY: _____
 EYES: D.V.: RT: 6/6 LT: 6/6
 N.V.: RT: N LT: N
 WITH GLASS / WITHOUT GLASS

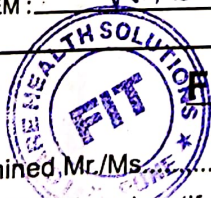
BODY PARAMETERS:

1. BMI: 23.0
 2. IDEAL WT: 54 KG
 3. HIP/WAIST RATIO: 0.8

SQUINT: _____
 NYSTAGMUS: no
 COLOUR BLINDNESS: _____

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM: Acute clear
 CENTRAL NERVOUS SYSTEM: Arnica forntes
 CARDIO VASCULAR SYSTEM: 110
 ALIMENTARY SYSTEM: 20/10
 MUSCULO-SKELETAL SYSTEM: no



FITNESS REMARK

I certify that I have examined Mr./Ms. Ramsamuchi.....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.

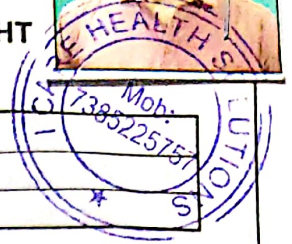
Signature of the Candidate :



Dr. Shinde Ram V. Kshirsagar
 MBBS, D-ORTHO, A.F.H.
 केंद्राचे अधिकारिण
 पारस दिवाळ-१९ जुलै २०२३
 प्रमाणित प्रमाणित करणारे दिनांक-१९ जुलै २०२४
 STAMP & SIGNATURE OF CERTIFYING SURGEON



I CARE HEALTH SOLUTIONS
PERIODIC MEDICAL EXAMINATION OF WORKING AT HEIGHT
HEALTH SERVICES - PUNE



Name:- <u>Rajkumar Rathaur</u>	P.NO
BC Number <u>Endurance. Tech</u>	Dept
Date of medical checkup <u>19 Dec 2023</u>	Age. <u>32</u>

Any Complaint NO

Height :-	Weight :-	BMI :-	Waist :-	Hip :-	Ratio :-
<u>168</u> cms	<u>86.0</u> kgs	<u>19.8</u>	<u>70</u> cms	<u>85</u> cms	<u>0.8</u>

Addiction

Alcohol	Smoking	Tobacco	Present job
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>-</u>

Chronic disease : DM, HTN, Asthma, vertigo, Epilepsy, other.(Yes/No): NO

Oral cavity : Normal

Urine sugar :	<u>neg</u>	BSL-R	<u>100</u> mg/dl
Vision Distance	Near		
Right 6/ <u>6</u>	Left 6/ <u>6</u>	Right N <u>6</u>	Left N <u>6</u>
Ptosis: Yes/No <u>✓</u>	Diplopia Yes/No <u>✓</u>		
Nystagmus <u>NO</u>	up <u>neg</u>		Down
Head thrust test:			
Pulse	<u>66</u> /min	BP	<u>103</u> / <u>65</u> mmhg

SYSTEMIC EXAMINATION:

C.N.S: Awake & oriented

	MOTOR	SENSORY
Tone:-		Tandom walking:-
Power:-	<u>Normal</u>	Romberg's sign
Reflexes:-		Co-ordination test:-
Muscle bulk:-		
CVS <u>S. S2</u>	<u>R.S. Aortic Clear</u>	<u>P/A soft D2</u>
ENT EXAM.	Conventional hearing:-	
	Auroscopy:-	
	Vertigo	
	Meniers disease (vertigo, Tinnitus Deafness)	
H/O Working at height :-	<u>YES</u>	
H/O any medicines:-	<u>NO</u>	
Important findings :	<u>NO</u>	
Advice if any:-	<u>NO</u>	
FIT / UNIFIT for working at height:		

<u>डॉ. धोंडीराम वि. क्षीरसागर</u> M.B.B.S. - D.O.R.T.H. / M.O.	M.A	<u>Rajkumar</u> Employee sign.
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 Contact : 7387783239

MEDICAL HEALTH CHECK-UP PROFORMA

PERSONAL INFORMATION

NAME: Bamod, Srivastav
 CONTACT: _____
 DESIGNATION/POST: _____

DATE: 13/09/2024
 AGE 33 SEX: M
 COMPANY NAME: AutoTech

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

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

IF YES THEN DETAILS No

OFFICIAL USE ONLY:

GENERAL EXAMINATION

HEIGHT: 169 CM
 WEIGHT: 54.3 KG
 PULSE: 66 /MIN
 BP: 115/68 MMHG
 LYMPH NODES: no
 HERNIA: YES () NO (X)
 PHYMOSIS: YES () NO (X)
 ANY OTHER: no

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

BODY PARAMETERS:

1. BMI: 19.0
 2. IDEAL WT: 69 KG
 3. HIP/WAIST RATIO: 0.8
 SQUINT: _____
 NYSTAGMUS: no
 COLOUR BLINDNESS: _____

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM: AESE clear
 CENTRAL NERVOUS SYSTEM: Awake oriented
 CARDIO VASCULAR SYSTEM: 112/60
 ALIMENTARY SYSTEM: 10/10
 MUSCULO-SKELETAL SYSTEM: no



FITNESS REMARK

I certify that I have examined Mr./Ms. Bamod Srivastav 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 :



डॉ. धोंडीराम नि. वीरसागर
 MBBS., D.Ortho, F.I.A.H.
 कक्षा नं. १०२ च्या कक्ष १०२ प्रमाणे
 पूर्ण अलिहाकारिता कालावधी दिनांक-१९ जुलै २०२३
 पासून दिनांक-१९ जुलै २०२४
 प्राधिकृत प्रमाणक शल्यचिकित्सक क्र. ACS24-DKJ2018

STAMP & SIGNATURE OF CERTIFYING SURGEON