

**Site Medical Checkup Format**

CERTIFICATE SERIAL NO:

Project: AKshay Engineers

Examining doctors name: Dr RACHIT C. PATEL Date: 13/08/2024 Time: 11:05 am

Name	Father's Name	Age/ Date of Birth	Identification Marks	Sex	Address/ Residence	Occupation
Hiren Odedara	Poryjabhai	20-01-2003	-	m	Baroda	

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- I. General Physique: FIT
  - ii. Vision:
  - iii. Hearing:
  - iv. Breathing:
  - v. Upper Limbs:
  - vi. Lower Limbs:
  - vii. Spine:
  - viii. General (Mental alertness and stability with good eye, hand and foot coordination): GOOD
- NORMAL

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Hiren Odedara son/daughter/wife of Poryjabhai residing at Baroda who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is 2024 years and that he/she is fit for employment in AKshay Engineers as an adult/adolescent.

**Reason for -**

- 1. Refusal of certificate .....
- 2. Certificate being revoked .....

Signature/Left hand Thumb  
Impression of worker

  
**Signature with Seal**  
**Medical Inspector/C.M.O**  
**Dr. Rachit Patel**  
**(M.B.B.S.)**  
**Reg. No.: G-68144**  
**Family Physician**

**Note:**

- 1. Exact details of cause of physical disability should be clearly stated.
- 2. Functional/productive abilities should also be stated if disability is stated.
- 3. Medical checkup should be carried out once in every two years up to the age of 40 years thereafter
- 4. Refer rules 81(iv) and 223 (a) (iii) of schedule VII in the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) Central Rules, 1998 for requirement of medical examination.