



**ENDURANCE**  
Complete Solutions

**MEDICAL FITNESS CERTIFICATE**

Date: 18/07/22

To Whom It May Concern

This is certify that

*Shailk Waluseem*

of

*18.07/22*

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj , Aurangabad. On *18/7/22* at *1:13pm*.

Above mention person medically fit and not having any medical disease and covid - 19 symptoms.

**Factory Medical officer**

**MBBS, DCH, AFIH**  
**Reg.No.OHC/1082804**

Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad



*SpO2 :- 98%*  
*PR :- 74/min*  
*Temp :- 36.9°*  
*B.P. 119/75 mmHg*



**ENDURANCE**  
Complete Solutions

**MEDICAL FITNESS CERTIFICATE**

Date: 18/7/22

To Whom It May Concern  
Vishal Lohande

14.02.6/2

This is certify that ----- of -----

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

, Aurangabad. On 18/7/22 at 11:10 pm.

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

19 symptoms.

Sp02 :- 97  
PR :- 70  
Temp :- 35.0  
B.P. 110/88

  
DR. AMIT KOTHARI  
Factory Medical officer

OHC

Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad

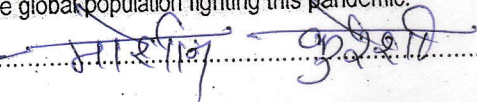
②

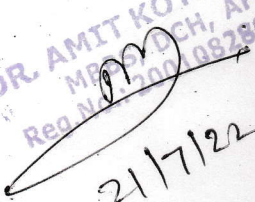
**Annexure : Self-Declaration Form (Frequency Weekly/After Leave)**

Name of the person: <u>Harshini Gupta</u>	Date: <u>21/07/22</u>
Employee No.:	Age: <u>26</u> yrs. months Sex: <u>M</u>
Mobile No.: <u>7276725757</u>	M/F: <u>M</u>
E-mail ID:	Address: <u>Ranjangao Aurangabad.</u>


Sr. No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
1	Do you have symptoms of any of the following ?			
	Fever			
	Cough/sneezing/ Sore throat		<input checked="" type="checkbox"/>	
	Diarrohea		<input checked="" type="checkbox"/>	
	Loss of sense of smell/ taste		<input checked="" type="checkbox"/>	
	Myalgia (Pain in muscle)/ Body Pain		<input checked="" type="checkbox"/>	
2	Difficulty in breathing		<input checked="" type="checkbox"/>	
	Have you travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family /close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
	Have you/ any of your family members travelled inside India to other cities in past 15 days?		<input checked="" type="checkbox"/>	If yes mention the cities
5	Has any person in your close contact been tested positive for covid-19 in past two weeks ?		<input checked="" type="checkbox"/>	
6	Have you and/or any your family member visited a health care facility/doctor in past two weeks ?		<input checked="" type="checkbox"/>	
7	Have you/ any family member been kept in/advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient?		<input checked="" type="checkbox"/>	
8	Are you are living in a containment/micro containment zone or has your area/society been sealed in past 28 days by the government agencies?		<input checked="" type="checkbox"/>	
9	Are you suffering from co-morbidities or any high risk disease i.e. (Asthma, Heart Problem, cancer etc. ) ?		<input checked="" type="checkbox"/>	
10	Have you downloaded & using Aarogya Setu App?	<input checked="" type="checkbox"/>		

**Declaration:**  
The above information is true to the best of my knowledge. I understate that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Name & Sign of person: Harshini Gupta 

**DR. AMIT KOTHARI**  
MBBS, MD, AFH  
Reg. No. 1000982804  
  
21/7/22

SPO2 - 96%  
PR - 90/min  
Te - 36.5c  
BP - 110/70  
mmHg





## Annexure I

## ENDURANCE TECHNOLOGIES LTD.

## Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	मोसीग कुरेजी	
२.	वय	२६ वर्ष	
	जन्मतारीख	०१/०९/१९९६	
३.	शिक्षण	५ वी	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	२१/०७/२२	
६.	कॉन्ट्रॅक्टरचे नाव	रुद्राक्ष इंद्राशन	
७.	मागील कामाचा अनुभव	५ वर्ष	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	-	
९.	कामासाठी मेडिकल फिटनेस	आहे	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	९२७६७२५७५७	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	घे.	

## FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.		
PPE's required and given		

Supervisor Sign.

Sign of HSE

Sign of User Dept. Head

**Annexure : Self-Declaration Form (Frequency Weekly/After Leave)**

Name of the person: Harshita Gupta Date: 21/07/22  
 Employee No.: \_\_\_\_\_ Age: 26 yrs \_\_\_\_\_ months Sex: M  
 Mobile No.: 7276725757 M/F: M Address: Ranjangar Aurangabad  
 E-mail ID: \_\_\_\_\_

Sr. No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
1	Do you have symptoms of any of the following ?			
	Fever		<input checked="" type="checkbox"/>	
	Cough/sneezing/ Sore throat		<input checked="" type="checkbox"/>	
	Diarrohea		<input checked="" type="checkbox"/>	
	Loss of sense of smell/ taste		<input checked="" type="checkbox"/>	
2	Myalgia (Pain in muscle)/ Body Pain		<input checked="" type="checkbox"/>	
	Difficulty in breathing		<input checked="" type="checkbox"/>	
2	Have you travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family /close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
4	Have you/ any of your family members travelled inside India to other cities in past 15 days?		<input checked="" type="checkbox"/>	If yes mention the cities
5	Has any person in your close contact been tested positive for covid-19 in past two weeks ?		<input checked="" type="checkbox"/>	
6	Have you and/or any your family member visited a health care facility/doctor in past two weeks ?		<input checked="" type="checkbox"/>	
7	Have you/ any family member been kept in/ advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient?		<input checked="" type="checkbox"/>	
8	Are you are living in a containment/micro containment zone or has your area/society been sealed in past 28 days by the government agencies?		<input checked="" type="checkbox"/>	
9	Are you suffering from co-morbidities or any high risk disease i.e. (Asthma, Heart Problem, cancer etc.) ?		<input checked="" type="checkbox"/>	
10	Have you downloaded & using Aarogya Setu App?	<input checked="" type="checkbox"/>		

**Declaration:**  
 The above information is true to the best of my knowledge. I understate that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Name & Sign of person: Harshita Gupta मोहनी

**DR. AMIT KOTHARI**  
 MBBS, DCH, AFPH  
 Reg. No. 2001082804  
AM  
 21/7/22

SpO2 - 96%  
 PR - 90/min  
 Te - 36.5°  
 BP - 110/70 mmHg

MP