Shree Ganesh Accident Hospital

Near Shahid Bhagat Singh High School, Maharana Pratap Chowk, Bajaj Nagar, MIDC, Waluj, Aurangabad. Mob.: +91 830 820 9154.

Dr MANGESH M. KAGNE

MBBS,D. Ortho, AFIH

Consultant Orthopedic Surgeon

Reg No. 2005/05/2682

Name of Employee	MR. YO	MR. YOGESH KALASH PATIL		Date Of Exam	15/07/2022	
Age/Sex	32 Yea	32 Year / Male Department				150
Aadhar Card No.	3793 2	877 8129				10.2
						A STATE OF
		Occupa	ational & Personal	History		
General Examination		D141	1 00		0.00	1 =
Weight	Height	ВМІ	B.P	Pulse	SpO2	Temperature
50 kg	167 cm	17.93	115 / 70	85 MIN	99 %	34.7 C
1. Family History :			1			
Asthama -NO, Cano	er -NO. Dia	betes -NO. Heart	Disease -NO			
2. Personal History:						
Any Accident -NO, A	Any Surgery	-NO, Diabetes -N	O, Hypertension	-NO		
3. Eye Examination						
Near Vision	Rt- N6,	Lt-N6.				
Distant Vision:	Rt-6/6,	Lt-6/6				
Color Vision:	NORAMI					
Any Other Defect	NAD					
4. Ear, Nose & Throa	at Examinati	on :				5
NAD						
5. Respiratory System	m:			6. Cardiov	ascular System	1:
NAD NAD						
7. Abdomen:						
NAD						
NAD 8. Urogenital System	1:					
	1 %					
8. Urogenital System	î î					

FIT FOR EMPLOYMENT, NOT SUFFERING FROM SYMPTOMS OF COVID 19.

Sign. Of Medical Examiner
DR. MANGESH W. KAGNE

Govt. Approved Certifying Surgeor

(The Factories Act. 1948)

Investigations:

Remarks:

Signature of Employee

Shree Ganesh Accident Hospital

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Dr MANGESH M. KAGNE

MBBS,D. Ortho, AFIH

Consultant Orthopedic Surgeon

Reg No. 2005/05/2682

Name of Employee	MR. RA	AVAN HAUSAJI	GAGALWAD	Date Of Exam	15/07/2022	
Age/Sex	35 Yea	ar / Male		Department		
Aadhar Card No.	688908	8101189	_			
General Examination		Occup	pational & Persona	l History		45,
Weight	Height	BMI	B.P	Pulse	SpO2	Temperature
50 kg	169 cm	17.51	115 / 80	89 / min	99 ./.	34.7 .c
1. Family History						
Asthama - NO, Cand	cer - NO, Di	abetes - NO, Hyp	pertension - NO			
2. Personal History :						
Any Accident - NO,	Any Surgen	/ - NO Diabetes	- NO Hypertensio	n - NO		
3. Eye Examination	my dargery	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	140, Hypertensio	110		#>
Near Vision :	Rt- N6.	Lt-N6.				
Distant Vision:	Rt-6/6,	Lt-6/6				
Color Vision:	NORMAL					
Any Other Defect:	NAD					
. Ear, Nose & Throa	t Examination	on :				
NAD						
Respiratory System	m:			6. Cardiov	ascular System	า:
NAD			NAD			
'. Abdomen ;						
NAD						
B. Urogenital System						
NAD						
Other Systems :						
NAD						
nvestigations:						

FIT FOR EMPLOYMENT, NOT SUFFERING FROM SYMPTOMS OF COVID 19.

Sign Of Medical Examiner
DR. MANGESH M. KAGNE
MBBS, D. Ortho, AFIH,
Govt. Approved Certifying Surgeor
(The Factories Act; 1948)

Remarks:

Signature of Employee

were: स्तामीनार हिंद 241ई जेर Name: \$84 pervisor: रिन

- General Questionnaires

	Have your work before this on height?	Ne V No
2	What was your maximum height work experience?	<10 M / >10 M
3.	Do you have any addiction? If yes then mention?	
4	Do you have any nausea or vomiting feeling while working on height?	Yes / No
5.	Do you have VERTIGO while working on height?	Yes / No
6.	Do you feel any breathing problem while working on height?	Yes / Md
7.	Are you having any past history of acute illness?	Yes / No
	If Yes please mention	
8.	Are you having any past history of chronic illness?	Yes / No
	If Yes please mention	
9.	Are you under any medicinal course?	Yes / No
	If Yes please mention	
10.	Have you any history of accidental fall while working on height	Yes / No
	Practical Observations	

> RHOMBERG TEST

Exercise: Ask patient to stand with his feet closing approximated position. First ask to stand with open eyes and then with closed eyes.

Observations: If you observed unsteadiness in the position of patient then the Rhomberg Test is positive.

> TANDEM WALKING

Exercise: First drown a straight line on floor, then ask patient to walk on straight line by placing one heel directly in front of opposite tors with eyes open and closed.

Observations: If you observe sways or staggers then Tandem Walking Test is positive.

FINGER NOSE TEST

Exercise: In this Test ask patient to extend and abduct the arms completely and then touch the index finger tip to the tip of his nose. First slowly and then capacity.

Observations: If more irregularities are observed as finger approaches the nose or patient may stop before he touches the tip of nose then finger nose test is positive.

Signlof Worker

Sign of Supervisor

Reg.No.: 2001082804



ICAL FITNESS CERTIFICATE

Date: 28/11/22

rance Technologies Limited, L6/3 Plant, MIDC Waluj Civil)

22 at 10:30 Am

lly fit and not having any medical disease and covid -

rolmin (N

Factory Medical officer

94.5F

OHC

10/70

Endurance Technologies Limited, L6/3 MIDC Waluj Aurangabad

mondo

DR. AMIT KOTHAR1 M885, DCH, AFIH Reg.No.: 2001082804

ATAXIA [HEIGHT PHOBIA TEST]

Name	Drival Rayarem Nisargandage 21. Sex:	m
Name	of Contract: Arti Enterprice Name of Supervisor: Cian	elh
	ral Questionnaires:	
1.	Have you work before this on height?	Yes / No
. 2	What was your maximum height work experience?	<10 M / >10 M
3	Adiation? If west then mention?	10
4	have any nausea or vomiting feeling while working on height?	Yes / No
5	ventuce while working on height?	Yes / No
	the sthing problem while working on height?	Yes / No
	. Are you having any past history of acute liness?	Yes / Nở
	If Yes please mention	V - / N/A
٠, ٤	Are you having any past history of chronic illness?	Yes / Nò
	If Yes please mention	
	Are you under any medicinal course?	Yes / No
	If Yes please mention	
	10. Have you any history of accidental fall while working on height	Yes / No
K y	Practical Observations	

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Exercise: In this Test ask patient to extend and abduct the arms completely and then touch the index finger to the tip of his nose. First slowly and then capacity.

Observations: If more irregularities are observed as finger approaches the nose or patient may stop before he touches the tip of nose then finger nose test is positive.

OR. AMIT KOTHAR1

Sign of supervisor

MBBS, DCH, AFIH
Reg. No.: 2001082804

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