

**MEDICAL CHECK-UP OF CONTRACT WORKERS**

NAME: Sarjeras Ramrao Kaple DATE OF EXAMINATION: 18-07-22

AGE: 30 yo DOB: 14-08-1992 SEX: Male

IDENTIFICATION MARKS: Mole on Back

PERMANENT ADDRESS: Bhangapur, Sindangan, Ballul Palbhari. MH.

TREATMENT DETAILS (If currently on medications):

**PAST ILLNESS / HOSPITALISATION (if any):**

Please tick (Yes / No)

1	JAUNDICE	YES / NO <input checked="" type="checkbox"/>	B.P.:	<u>122/78</u>
2	TYPHOID	YES / NO <input checked="" type="checkbox"/>	Pulse:	<u>78/min</u>
3	VD	YES / NO <input checked="" type="checkbox"/>	Height:	<u>170 cm</u>
4	KOCH's / TUBERCULOSIS	YES / NO <input checked="" type="checkbox"/>	Weight:	<u>58.2 kg</u>
5	HANSEN'S DISEASE / LEPROSY	YES / NO <input checked="" type="checkbox"/>	Blood Sugar:	<u>—</u>
6	CHRONIC COUGH	YES / NO <input checked="" type="checkbox"/>	Blood Group:	<u>—</u>
7	INFECTIVE SKIN DISEASE	YES / NO <input checked="" type="checkbox"/>		
8	SPINE PROBLEM / LOW BACK PAIN	YES / NO <input checked="" type="checkbox"/>		
9	VERTIGO / GIDDINESS	YES / NO <input checked="" type="checkbox"/>		
10	EPILEPSY / SEIZURES	YES / NO <input checked="" type="checkbox"/>		
11	OTHER MAJOR ILLNESS	YES / NO <input checked="" type="checkbox"/>		

**O/E**

1	GENERAL CONDITION :	} <u>NAD</u>	6	SKIN :	} <u>NAD</u>
2	PALLOR :		7	R.S.:	
3	NAILS :		8	P.A.:	
4	EVS :		9	CNS :	
5	GENITOURINARY SYSTEMS :		10	OTHERS :	

EYE CHECK		UNCORRECTED	CORRECTED
DISTANCE VISION	RT EYE	<u>6/6</u>	
	LT EYE		
NEAR VISION	RT EYE	<u>6/6</u>	
	LT EYE		
COLOUR VISION	NORMAL <input checked="" type="checkbox"/>	COLOUR-BLIND	

**DOCTOR'S REMARKS:**

- FIT / UNFIT FOR CONTRACTUAL WORK
- FIT / UNFIT FOR WORKING AT HEIGHTS ABOVE 2 METRES & ENCLOSED SPACES
- IN CASE OF WOMEN WORKER'S - THE WORKER IS PREGNANT / NOT PREGNANT

SIGN OF EMPLOYEE:-

SIGN OF DOCTOR:-

*[Signature]*

*[Signature]*

RUBBER STAMP OF DOCTOR:

DOCTOR'S REGN.NO:

**Dr. Shaikh Mohd. Navid**  
**MBBS (AFIH)**  
**Reg. No. 2005/0210762**

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

VERIFIED:



## MEDICAL EXAMINATION REPORT

DATE: 12/18/2022

NAME: Sidheshwar Namdev Pimple AGE: 32 yr  
 SEX:  MALE /  FEMALE DATE OF JOINING: 1/1/ DOB: 03/09/1990  
 ADDRESS: Chikalthana, Albad  
 IDENTIFICATION MARK: male on (12) side Neck.

### GENERAL EXAMINATION:

HEIGHT: <u>169</u> cm	WEIGHT: <u>60</u> kg	PALLOR: <u>NO.</u>
CHEST: <u>91</u> cm	ABDOMEN: <u>80</u> cm	NAILS: <u>Normal</u>
GAIT: <u>Normal</u>	CYNOSIS: <u>NO</u>	ICTERUS: <u>NO.</u>
SKIN: <u>Normal</u>	GENITOURINARY: <u>NAD</u>	PULSE: <u>82</u> /min
COLOUR VISION: normal/ color blindness	BMI: <u>21.0</u>	BLOOD PRESSURE: <u>110/70</u> mm of hg
HABIT: TOBACCO/SMOKER/ALCOHOLIC/OTHERS/NO HABIT	ATAXIA: <u>Negative.</u>	

### SYSTEMIC EXAMINATION:

C.N.S: <u>NAD</u>	R.S: <u>NAD</u>	C.V.S: <u>NAD</u>
EYES: <u>NAD</u>	E.N.T: <u>NAD</u>	P/ABD: <u>NAD</u>

### PAST ILLNESS / HOSPITALIZATION (IF ANY): Please tick (yes/no)

1. JAUNDICE yes/no
2. TYPHOID yes/no
3. VD yes/no
4. KOCH'S / TUBERCULOSIS yes/no
5. HANSEN'S DISEASE/ LEROSY yes/no
6. CHRONIC COUGH yes/no
7. INFECTIVE SKIN DISEASE yes/no
8. SPINE PROBLEM / LOW BACK PAIN yes/no
9. VERTIGO /GIDDINESS yes/no
10. EILEPSY / SEIZURES yes/no
11. OTHER MAJOR ILLINESS yes/no

### MEDICAL CERTIFICATE

We hereby certify that Shri /Smt./Kum Sidheshwar Namdev Pimple,  
 a candidate for appointment in Ayush Refrigeration  
 has been examined by us on the day of examination, we cannot discover that he / she has got  
 any disease, communicable or otherwise, constitutional or bodily deformity, and VERTIGO (can  
 work at height), he/ she is hereby declared, as:

FIT

UNFIT

  
 Shaikh Mohd Navid  
 MBBS (AFIH)

Reg. No. 2005/02/0762





**MEDICAL EXAMINATION REPORT**

DATE: 12/8/2022

NAME: Shubham Pandurang Gaje AGE: 23 yr  
 SEX: MALE/FEMALE MALE DATE OF JOINING: 1/1/ DOB: 08/11/1998  
 ADDRESS: Chikalhana, A'bad.  
 IDENTIFICATION MARK: male on chest

**GENERAL EXAMINATION:**

HEIGHT: <u>177</u> cm	WEIGHT: <u>50</u> kg	PALLOR: <u>NIO</u>
CHEST: <u>81</u> cm	ABDOMEN: <u>66</u> cm	NAILS: <u>Normal</u>
GAIT: <u>Normal</u>	CYNOSIS: <u>NIO</u>	ICTERUS: <u>NIO</u>
SKIN: <u>Normal</u>	GENITOURINARY: <u>NAD</u>	PULSE: <u>80</u> /min
COLOUR VISION: normal/ color blindness	BMI: <u>16.0</u>	BLOOD PRESSURE: <u>110/70</u> mm of hg
HABIT: TOBACCO/SMOKER/ALCOHOLIC/OTHERS/NO HABIT		ATAXIA: <u>Negative</u>

**SYSTEMIC EXAMINATION:**

C.N.S.: <u>NAD</u>	R.S.: <u>NAD</u>	C.V.S.: <u>NAD</u>
EYES: <u>NAD</u>	E.N.T.: <u>NAD</u>	P/ABD: <u>NAD</u>

**PAST ILLNESS / HOSPITALIZATION (IF ANY):**

- Please tick (yes/no)
1. JAUNDICE  yes/no
  2. TYPHOID  yes/no
  3. VD  yes/no
  4. KOCH'S / TUBERCULOSIS  yes/no
  5. HANSEN'S DISEASE/ LEROSY  yes/no
  6. CHRONIC COUGH  yes/no
  7. INFECTIVE SKIN DISEASE  yes/no
  8. SPINE PROBLEM / LOW BACK PAIN  yes/no
  9. VERTIGO /GIDDINESS  yes/no
  10. EILEPSY / SEIZURES  yes/no
  11. OTHER MAJOR ILLNESS  yes/no

**MEDICAL CERTIFICATE**

We hereby certify that Shri /Smt./Kum Shubham Pandurang Gaje  
 a candidate for appointment in Ayush Refexigition  
 has been examined by us on the day of examination, we cannot discover that he / she has got  
 any disease, communicable or otherwise, constitutional or bodily deformity, and VERTIGO (can  
 work at height), he/ she is hereby declared, as:

FIT

UNFIT

**Jr. Shaikh Mohd. Navin**  
 Signature of Chief Medical Officer  
**MBBS (AFIH)**

Reg. No. 2005/02/0762





## MEDICAL EXAMINATION REPORT

DATE: 2/11/22

NAME: Salman Gani Shaikh AGE: 22ys  
 SEX: MALE/FEMALE DATE OF JOINING:  / / DOB: 01/01/2000  
 ADDRESS: Mansuri colony, Gangapur, Ahmed  
 IDENTIFICATION MARK: Mole on Right side

### GENERAL EXAMINATION:

HEIGHT: <u>164</u> cm	WEIGHT: <u>57</u> kg	PALLOR: <u>No</u>
CHEST: <u>89</u> cm	ABDOMEN: <u>76</u> cm	NAILS: <u>Normal</u>
GAIT: <u>Normal</u>	CYNOSIS: <u>NO</u>	ICTERUS: <u>NO</u>
SKIN: <u>Normal</u>	GENITOURINARY: <u>NAD</u>	PULSE: <u>78</u> /min
COLOUR VISION: <u>normal/ color blindness</u>	BMI: <u>21.2</u>	BLOOD PRESSURE: <u>120/78</u> mm of hg
HABIT: TOBACCO/SMOKER/ALCOHOLIC/OTHERS/NO HABIT	ATAXIA: <u>Negative</u>	

### SYSTEMIC EXAMINATION:

C.N.S.: <u>NAD</u>	R.S.: <u>NAD</u>	C.V.S.: <u>NAD</u>
EYES: <u>NAD</u>	E.N.T.: <u>NAD</u>	P/ABD: <u>NAD</u>

### PAST ILLNESS / HOSPITALIZATION (IF ANY): Please tick (yes/no)

- |                                  |        |
|----------------------------------|--------|
| 1. JAUNDICE                      | yes/no |
| 2. TYPHOID                       | yes/no |
| 3. VD                            | yes/no |
| 4. KOCH'S / TUBERCULOSIS         | yes/no |
| 5. HANSEN'S DISEASE/ LEROSY      | yes/no |
| 6. CHRONIC COUGH                 | yes/no |
| 7. INFECTIVE SKIN DISEASE        | yes/no |
| 8. SPINE PROBLEM / LOW BACK PAIN | yes/no |
| 9. VERTIGO /GIDDINESS            | yes/no |
| 10. EILEPSY / SEIZURES           | yes/no |
| 11. OTHER MAJOR ILLNESS          | yes/no |

### MEDICAL CERTIFICATE

We hereby certify that Shri /Smt./Kum Salman Gani Shaikh  
 a candidate for appointment in \_\_\_\_\_

has been examined by us on the day of examination, we cannot discover that he / she has got any disease, communicable or otherwise, constitutional or bodily deformity, and VERTIGO (can work at height), he/ she is hereby declared, as:

FIT                       UNFIT

Dr. Shaikh Mohd. Navid  
 Signature of Chief Medical Officer  
 MBBS (AFH)  
 Reg. No. 2005/02/0762