

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
KULDIP PRUTHVIRAJ SAROJ	19YRS	MALE	01/01/2004

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
164 CM	48 KG	72 BPM	112/70 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.6F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;"> <p><i>उत्तम रोगी</i></p> <p>Signature of Patient</p> </div> <div style="text-align: right;"> <p><i>U. Karmalkar</i></p> <p>Dr. UMAKANT KARMALKAR MBBS, D.ORTHO, DNB ORTHO, AFH, ENDOSCOPIC SPINE SURGEON. REG. NO. 2006020416 Seal & Sign. Of Medical Examiner.</p> </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
VAIJINATH GANPAT JADH	32YRS	MALE	01/01/1991

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
158 CM	50 KG	74 BPM	120/78 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
ENT check up	NORMAL 6/6 6/6		
Dental check up	NAD		
Investigation	NAD		
Result / Remarks	<p>TEMP :- 95.1F SPO2:- 99%</p> <p>NOT SUFFERING FROM SYMPTOMS</p> <p>COVID -19</p>		
<p><i>Devendra</i></p> <p>Signature of Patient</p>	<p>FIT FOR WORK .</p> <p><i>U. Karmalkar</i></p> <p>Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416</p> <p>Seal & Sign. Of Medical Examiner.</p>		

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
DATTATRAY INDRAJIT RA	32YRS	MALE	17/11/1991

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
152 CM	48 KG	76 BPM	114/72 MM OF HG

Personal History

Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓

Family History

Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D.
Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓

Past History

Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D.
Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓

Present Complaints

NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.6F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

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Signature of Patient

Umakant Karmalkar
Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO, DNB ORTHO,
 AFH, ENDOSCOPIC SPINE
 SURGEON. REG. NO. 2006020416

Seal & Sign. Of Medical Examiner.

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NOSE	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SACHIN MAHENDRASINGH	36 YRS	MALE	26/01/1987

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
170 CM	79 KG	84 BPM	122/82 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.2F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

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Signature of Patient

Umakant Karmalkar
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AFIH, ENDOSCOPIC SPINE
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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
RAMSHARAN RAMPAL SIR	22YRS	MALE	01/01/2001

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)		
164 CM	44 KG	86 BPM	118/74 MM OF HG		
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓				
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Present Complaints	NAD				
Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
Clinical Examination (Systemic)	Respiratory System	AEBE			
	Central Nervous Systems :	CONSCIOUS ORIENTED			
	Cardiovascular System	S₁ S₂ NORMAL			
	Abdominal System	NAD			

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 96.3F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

D. Umakant

Signature of Patien

Dr. Umakant Karmalkar
Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO, DNB ORTHO,
 AFIH, ENDOSCOPIC SPINE
 SURGEON. REG. NO. 2006020416
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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SANTOSH HARISHCHANDRA	29YRS	MALE	01/01/1994

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
156 CM	43 KG	76 BPM	116/78 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 95.1F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

Santosh
Signature of Patient

U. Karmalkar
Dr. UMAKANT KARMALKAR
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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
VINAY SUNIL UMALE	24YRS	MALE	01/06/1999

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)		
164 CM	66 KG	84 BPM	124/86 MM OF HG		
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓				
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Present Complaints	NAD				
Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Respiratory System	AEBE				
Central Nervous Systems :	CONSCIOUS ORIENTED				
Cardiovascular System	S₁ S₂ NORMAL				
Abdominal System	NAD				

	Color Vision	Right Eye	Left Eye
Vision / Ophthalmic check up	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 94.5F SPO2:- 98%</p> <hr/> <p>NOT SUFFERING FROM SYMPTOMS</p> <hr/> <p>COVID -19</p> <hr/>		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p><i>Vinay</i> Signature of Patient</p> </div> <div style="text-align: right;"> <p><i>Umakant Karmalkar</i> Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner.</p> </div> </div>			

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
NATTHU SAKHARAM KOLEKAR	27YRS	MALE	25/10/1996

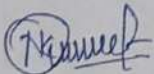
Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
158 CM	52 KG	82 BPM	126/74 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

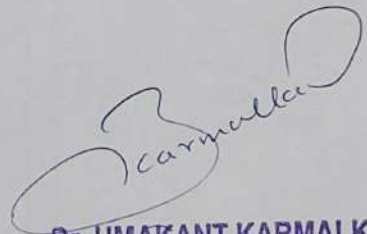
Clinical Examination	General Condition	Positive	✓	Negative	
	Anemia	Positive		Negative	✓
	Jaundice :	Positive		Negative	✓
	Cyanosis :	Positive		Negative	✓
	Lymphadenopathy :	Positive		Negative	✓
	Oedema :	Positive		Negative	✓
	J.V.P. :	Positive		Negative	✓

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S ₁ S ₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.5F SPO2:- 99%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		



Signature of Patient



Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO,DNB ORTHO,
 AFIH,ENDOSCOPIC SPINE
 SURGEON.REG. NO. 2006020416

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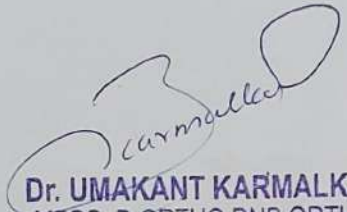
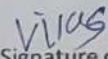


MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
VILAS TEJRAV SONAWANE	32 YRS	MALE	16/06/1991

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)			
161 CM	48 KG	78 BPM	122/82 MM OF HG			
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓					
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓					
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓					
Present Complaints	NAD					
Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	
Respiratory System	AEBE					
Central Nervous Systems :	CONSCIOUS ORIENTED					
Cardiovascular System	S₁ S₂ NORMAL					
Abdominal System	NAD					

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
ENT check up	NORMAL		
Dental check up	6/6		
Investigation	NAD		
Result / Remarks	<p>TEMP :- 95.6 F SPO2:- 99 %</p> <hr/> <p>NOT SUFFERING FROM SYMPTOMS</p> <hr/> <p>COVID -19</p> <hr/>		
<p style="text-align: center;">FIT FOR WORK .</p> <div style="text-align: right; margin-top: 20px;">  Dr. UMAKANT KARMALKAR MBBS, D.ORTHO, DNB ORTHO, AFIH, ENDOSCOPIC SPINE SURGEON. REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> <div style="margin-top: 20px;">  Signature of Patient </div>			

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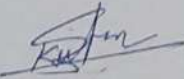
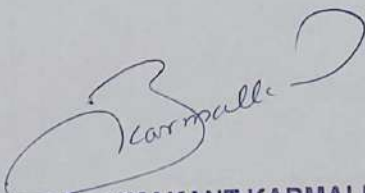


MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON LEFT HAND	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SUDHIR SHANKAR KATKAR	33 YRS	MALE	30/08/1989

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
163 CM	88 KG	84 BPM	124/86 MM OF HG
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓		
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓		
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓		
Present Complaints	NAD		
Clinical Examination (Systemic)	General Condition	Positive <input checked="" type="checkbox"/>	Negative <input type="checkbox"/>
	Anemia	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Jaundice :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Cyanosis :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Oedema :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	J.V.P. :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
Respiratory System	AEBE		
Central Nervous Systems :	CONSCIOUS ORIENTED		
Cardiovascular System	S₁ S₂ NORMAL		
Abdominal System	NAD		

	Color Vision	Right Eye	Left Eye
Vision / Ophthalmic check up	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 95.2F SPO2:- 97%</p> <p>NOT SUFFERING FROM SYMPTOMS</p> <p>COVID -19</p>		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Patient </div> <div style="text-align: right;">  DR. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajajnagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR.MILIND DESHPANDE (MBBS,MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	19/06/2023		MARRIED

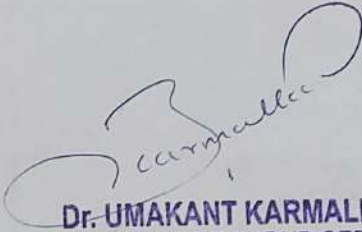
Name of Examinee	Age	Sex	Date of birth
TUKARAM VINAYAK TARPE	38 YRS	MALE	01/01/1985

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
165 CM	60 KG	74 BPM	120/80 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.2F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;"> <p><i>Tukaram</i></p> <p>Signature of Patient</p> </div> <div style="text-align: right;">  <p>Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416</p> <p>Seal & Sign. Of Medical Examiner.</p> </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON FOREHEAD	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
DEVIDAS NAMDEV DUNGAHU	48 YRS	MALE	09/10/1974

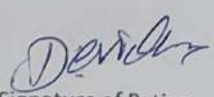
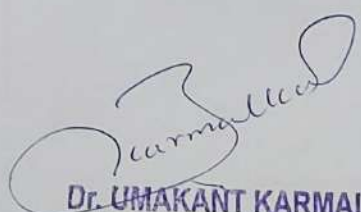
Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
168 CM	55 KG	86 BPM	128/82 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓

Present Complaints	NAD
--------------------	------------

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 95.5F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Patient </div> <div style="text-align: right;">  Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR.MILIND DESHPANDE (MBBS,MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT LEG	19/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
SUNDAR NARAYAN GANGADHAR	19 YRS	MALE	09/07/2003

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
164 CM	55 KG	84 BPM	126/74 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 96.2F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

Sundam

Signature of Patient

U. Karmalkar

Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO,DNB ORTHO,
 AFIH,ENDOSCOPIC SPINE
 SURGEON.REG. NO. 2006020416
 Seal & Sign. Of Medical Examiner.

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NOSE	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
RAMESHWAR JOKHAN YADAV	27 YRS	MALE	22/06/1996

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
156 CM	48 KG	86 BPM	118/84 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.3 F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<p>Rameshwar yadav</p> <p>Signature of Patient</p>			
<p><i>Dr. Umakant Karmalkar</i></p> <p>Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner.</p>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON FOREHEAD	19/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
AKASH SHEKNATH GHORPADE	23 YRS	MALE	09/01/2000

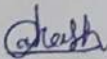
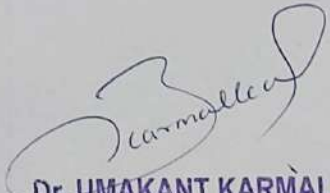
Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
172 CM	49 KG	86 BPM	118/84 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓

Present Complaints **NAD**

Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
ENT check up	NORMAL		
Dental check up	NAD		
Investigation	NAD		
Result / Remarks	<p>TEMP :- 96.2 F SPO2:- 99%</p>		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
	FIT FOR WORK .		
<p> Signature of Patient</p>	<p style="text-align: right;"> Dr.UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416</p> <p style="text-align: right;">Seal & Sign. Of Medical Examiner.</p>		

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		UNMARRIED

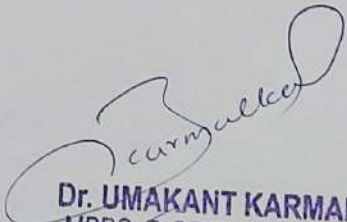
Name of Examinee	Age	Sex	Date of birth
SHARAVAN YADAV	20 YRS	MALE	01/01/2003

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
162 CM	44 KG	72 BPM	110/70 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S ₁ S ₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 95.6 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;"> <p>११/१०/२०२१</p> <p>Signature of Patient</p> </div> <div style="text-align: right;">  <p>Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020418</p> <p>Seal & Sign. Of Medical Examiner.</p> </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
VILAS MADHUKAR BANSODE	32 YRS	MALE	20/06/1991

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
161 CM	65 KG	76 BPM	118/74 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

	Color Vision	Right Eye	Left Eye
Vision / Ophthalmic check up	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 96.5F SPO2:- 97%</p> <hr/> <p>NOT SUFFERING FROM SYMPTOMS</p> <hr/> <p>COVID -19</p> <hr/>		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;"> <p><i>Vidya</i> Signature of Patient</p> </div> <div style="text-align: right;"> <p><i>Dr. Umakant Karmalkar</i> Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner.</p> </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajajnagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948

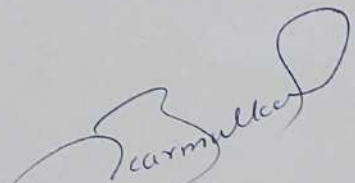


MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT CHEEK	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SUBHASH TEJARAO BAVSKAR	33 YRS	MALE	31/08/1989

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)		
164 CM	63 KG	80 BPM	122/70 MM OF HG		
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓				
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓				
Present Complaints	NAD				
Clinical Examination (Systemic)	General Condition	Positive	✓	Negative	
	Anemia	Positive		Negative	✓
	Jaundice :	Positive		Negative	✓
	Cyanosis :	Positive		Negative	✓
	Lymphadenopathy :	Positive		Negative	✓
	Oedema :	Positive		Negative	✓
	J.V.P. :	Positive		Negative	✓
Respiratory System	AEBE				
Central Nervous Systems :	CONSCIOUS ORIENTED				
Cardiovascular System	S₁ S₂ NORMAL				
Abdominal System	NAD				

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
ENT check up	NORMAL 6/6 6/6		
Dental check up	NAD		
Investigation	NAD		
Result / Remarks	<p>TEMP :- 94.4F SPO2:- 99%</p> <hr/> <p>NOT SUFFERING FROM SYMPTOMS</p> <hr/> <p>COVID -19</p> <hr/> <p>FIT FOR WORK .</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div data-bbox="100 1574 329 1651"> <p><i>Sit Bhatkar</i> Signature of Patient</p> </div> <div data-bbox="840 1294 1223 1661" style="text-align: right;">  Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFH,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> </div>			

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON LEFT HAND	19/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SANJAY NAMDEVRAO INGALE	45 YRS	MALE	14/10/1977

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
162 CM	66 KG	86 BPM	126/88 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

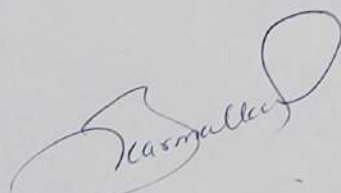
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Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 96.5 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

संजय इंगळे

Signature of Patient



Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO, DNB ORTHO,
 AFIH, ENDOSCOPIC SPINE
 SURGEON. REG. NO. 2006020416
 Seal & Sign. Of Medical Examiner.

Plot No.X 67 Shop No1 Maharana Pratap Chowk, Bajaj Nagar MIDC, AURANGABAD

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	19/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
DARSHAN BHASKAR DHANODHAR	22 YRS	MALE	04/05/2001

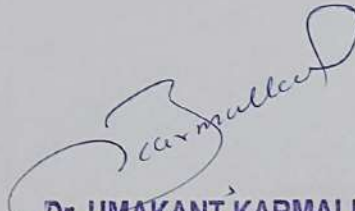
Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
157 CM	46 KG	74 BPM	112/72 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

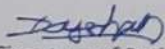
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Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 96.4 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		



Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO,DNB ORTHO,
 AFIH,ENDOSCOPIC SPINE
 SURGEON.REG. NO. 2006020416
 Seal & Sign. Of Medical Examiner.


 Signature of Patien

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT HAND	19/06/2023		UNMARRIED

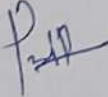
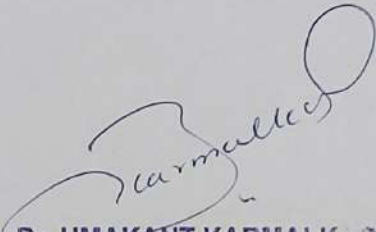
Name of Examinee	Age	Sex	Date of birth
PRADIP SANJAY MULE	22 YRS	MALE	09/07/2001

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
167 CM	49 KG	82 BPM	116/78 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Present Complaints	NAD

Clinical Examination (Systemic)	General Condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>
	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	Oedema :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
	J.V.P. :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 94.1 F SPO2:- 98 %		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;">  Signature of Patient </div> <div style="text-align: right;">  Dr. UMAKANT KARMALKAR MBBS, D.ORTHO, DNB ORTHO, AFIH, ENDOSCOPIC SPINE SURGEON, REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> </div>			

SAI GANESH HOSPITAL

DR. MILIND DESHPANDE (MBBS, MS, AFIH).

Certifying Surgeon, Govt. Of Maharashtra Factories Rules, Act 1948



MEDICAL EXAMINATION REPORT

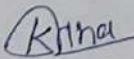
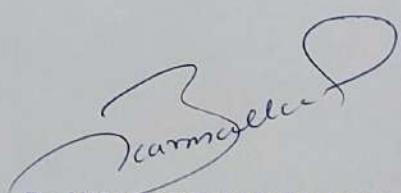
Identification Mark	Date	Referred By	Marital Status
MOLE ON CHEST	19/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
KANHA SHUBHAS PADGHAN	22 YRS	MALE	01/01/2001

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
166 CM	51 KG	80 BPM	122/70 MM OF HG

Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓		
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓		
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓		
Present Complaints	NAD		
Clinical Examination (Systemic)	General Condition	Positive <input checked="" type="checkbox"/>	Negative <input type="checkbox"/>
	Anemia	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Jaundice :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Cyanosis :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Lymphadenopathy :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
	Oedema :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>
J.V.P. :	Positive <input type="checkbox"/>	Negative <input checked="" type="checkbox"/>	

Clinical Examination (Systemic)	Respiratory System	AEBE
	Central Nervous Systems :	CONSCIOUS ORIENTED
	Cardiovascular System	S₁ S₂ NORMAL
	Abdominal System	NAD

	Color Vision	Right Eye	Left Eye
Vision / Ophthalmic check up	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	TEMP :- 95.1F SPO2:- 98% NOT SUFFERING FROM SYMPTOMS COVID -19		
Result / Remarks	FIT FOR WORK .		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Patient </div> <div style="text-align: right;">  Dr. UMAKANT KARMALKAR MBBS, D.ORTHO, DNB ORTHO, AFIH, ENDOSCOPIC SPINE SURGEON. REG. NO. 2006020416 Seal & Sign. Of Medical Examiner. </div> </div>			

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