

Fitness Certificate

Date : 23 / 7 / 20 22

To,  
The Appstech Solution.

Pt Name Vishnuhari B. Makhari  
Machrasmer. Age abt 24 yrs. checked by me  
on capel Base. He is Physically fit to  
his work. his vision is clear.

● Height : 175"  
weight : 51 kg

Thank

Shrey Multifacilities Pvt. Ltd  
Dev Arcade,  
Opp. Old APMC Market,  
Bavla-382220



# Appstech Solutions.

Examined by Asian occupational health centre, Shreejee hospital- SANAND

DATE

11/06/22

Surname <b>Gaidemi</b>	Name <b>Yogeshkumar</b>	Father's Name <b>Bhobille</b>	Sr No:
Department:	Trade :	Age : <b>31</b> Years	
Name of the Contactor:			

**TO BE FILLED IN BY THE CANDIDATE**  
 PAST & PRESENT ILLNESS : If YES "✓" If NO "X"

ASTHMA	<input type="checkbox" value="NO"/>	HEART DISEASE	<input type="checkbox" value="NO"/>
T. B.	<input type="checkbox" value="NO"/>	LEPROSY	<input type="checkbox" value="NO"/>
EPILEPSY	<input type="checkbox" value="NO"/>	MAJOR INJURIES	<input type="checkbox" value="NO"/>
PSYCHIATRIC ILLNESS	<input type="checkbox" value="NO"/>	FRACTURE	<input type="checkbox" value="NO"/>
		OPERATION	<input type="checkbox" value="NO"/>

*[Signature]*  
Signature of candidate

**FOR OFFICE USE ONLY**

Height **168** Cms.  
 Weight **84** Kgs.  
 BMI **22.6**

VISION				
		Rt. Eye	Lt. Eye	
Without Glasses	D	V	8/B	8/B
	N	V	N/G	N/G
With Glasses	D	V	6/	6/
	N	V	N	N

**CLINICAL EXAMINATION**

BUILD : **Modrey**      NAILS : **Normal**  
 PULSE : **88**  
 BP : **110/70**      mm Hg.  
 CVS : **S1 + a No Murmur**  
 RS : **Clear**  
 PA : **S/R**  
 MUSCULO SKELETAL : **Normal**  
 SKIN : **Normal**  
 GENITO - URINARY : **Normal**

Power of Glasses / Contact Lenses

IDENTIFICATION OF INDIVIDUAL COLOURS	
NORMAL	DEFECTIVE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ANY OTHER : -

**ASIAN OCCUPATIONAL HEALTH CENTRE**  
**FIT FOR TEMP. EMPLOYMENT (H, DGO) UNFIT**

Recd. No. 2022/11  
 SHREEJEE HOSPITAL  
 SANAND, AHMEDABAD.  
 Signature of Medical Officer with Stamp

**Fitness Slip To be Issued by Examining Doctor:**

Name of the Employee :- **Gaidemi Yogeshkumar**

Name of Contractor:

Medical fitness (valid for Two years From **11/06/22**)

Signature of Examining Doctor: *[Signature]*

Signature of Candidate: *[Signature]*



# CITY HEALTH AND INDUSTRIAL SERVICES



## Address

2ND FLOOR DWARKESH  
CHAMBERS NEAR BUS  
STAND HALOL

## MEDICAL EXAMINATION REPORT

DATE

NAME Rahul Kumar Solanki AGE 25 GENDER Male

### CLINICAL CHECK UP

Height	Weight	B.P.
<u>175</u> cm	<u>53.75</u> Kg	<u>124/78</u> mm

### Systemic examination:

Respiratory system	Cardiovascular Syst.	Elementary Syst.	Vision
<u>NAD</u>	<u>NAD</u>	<u>NAD</u>	<u>Normal</u>

Remarks:

Recommendation: (FIT) / UNFIT

DR SUNIL NAGORI (M.B.B.S., D.C.P., C.I.H)

CONSULTANT PATHOLOGIST AND INDUSTRIAL PHYSICIAN

Dr. Shalin Nagori  
(M.B.B.S.)  
Reg No. G-61384

Clinical check-up	Laboratory	PFT	X - RAY	Audiometry

Pl return this form after completion of medical check-up at reception counter.

Contact us @ 02676 - 222811, 9727776518, 9642113781



- INDUSTRIAL HEALTH CHECK UP \* PFT \* AUDIOMETRY \* OHC SETUP CONSULTANCY \* FIRST AID AND CPR TRAINING
- VISITING DOCTORS FOR INDUSTRIES \* NURSING STAFF FACILITY FOR INDUSTRIES \* VISION \* ECG \* X RAY \*
- WATER TESTING \* PORTABLE X RAY SERVICES FOR HOME AND HOSPITAL