

MEDICAL CHECK-UP OF CONTRACT WORKERS

NAME: Sangita Dilip Garai DATE OF EXAMINATION: 15.04.23
 AGE: 39 DOB: 01.01.1980 SEX: Female

IDENTIFICATION MARKS: Mole on back of Neck
 PERMANENT ADDRESS: Ranjangan, Bangalpur A/bcd
 TREATMENT DETAILS (if currently on medications):

PAST ILLNESS / HOSPITALISATION (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 / LEPROSY | 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 | EPILEPSY / SEIZURES | YES / NO |
| 11 | OTHER MAJOR ILLNESS | YES / NO |

B.P.: 122/78mm/Hg
 Pulse: 74/min
 Height: 152cm
 Weight: 53kg
 Blood Sugar: —
 Blood Group: —

O/E

- | | | | |
|---|-----------------------|----|---------|
| 1 | GENERAL CONDITION: | 6 | SKIN: |
| 2 | PALLOR: | 7 | R.S.: |
| 3 | NAILS: | 8 | P.A.: |
| 4 | CVS: | 9 | CNS: |
| 5 | GENITOURINARY SYSTEMS | 10 | OTHERS: |

NAD } NAD

EYE CHECK

	UNCORRECTED		CORRECTED
	RT EYE	LT EYE	
DISTANCE VISION			
NEAR VISION	RT EYE	LT EYE	
	RT EYE	LT EYE	
COLOUR VISION	NORMAL		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:-

S.D. Gajwari

RUBBER STAMP OF DOCTOR:

DOCTOR'S REGN.NO:

SH

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR:

Dr. Shaikh Mohd. Navid
MBBS (AFHM)
Reg. No. 2005/02/0762

VERIFIED:

MEDICAL CHECK-UP OF CONTRACT WORKERS

NAME: Krushna M. Dake DATE OF EXAMINATION: 15.04.23

AGE: 33yrs DOB: 10.06.1987 SEX: Male

IDENTIFICATION MARKS: Mole on lt cheek

PERMANENT ADDRESS: Bhokardan, Jalna. MH.

TREATMENT DETAILS (If currently on medications):

PAST ILLNESS / HOSPITALISATION (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 / LEPROSY | 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 | EPILEPSY / SEIZURES | YES / NO |
| 11 | OTHER MAJOR ILLNESS | YES / NO |

B.P.: 120/80

Pulse: 82/min.

Height: 174 cm.

Weight: 55.8 kg

Blood Sugar: —

Blood Group: —

O/E

- | | | | |
|---|------------------------|----|---------|
| 1 | GENERAL CONDITION: | 6 | SKIN: |
| 2 | PALLOR: | 7 | R.S.: |
| 3 | NAILS: | 8 | P.A.: |
| 4 | CVS: | 9 | CNS: |
| 5 | GENITOURINARY SYSTEMS: | 10 | OTHERS: |

} NAD

} NAD

EYE CHECK

DISTANCE VISION

RT EYE
LT EYE
RT EYE
LT EYE

UNCORRECTED

CORRECTED

6/6

NEAR VISION

6/6

COLOUR VISION

NORMAL

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:-

Krushna

RUBBER STAMP OF DOCTOR:

DOCTOR'S REGN. NO.:

Dr. Shaikh Mohd. Navid
MBBS (AFIH)

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

Reg. No. 2005/02/0762

VERIFIED:

MEDICAL CHECK-UP OF CONTRACT WORKERS

M/S
 NAME: Sharda D. Sangle DATE OF EXAMINATION: 15.04.23

AGE: 30 DOB: 01.01.1991 SEX: Female

IDENTIFICATION MARKS: Mole on Neck

PERMANENT ADDRESS: Hingoli, B. Wajgaon. MH.

TREATMENT DETAILS (if currently on medications):
Child - Male - 1, Female - 1

PAST ILLNESS / HOSPITALISATION (if any):
FTND

Please tick (Yes / No)		
1	JAUNDICE	YES / NO <input checked="" type="checkbox"/>
2	TYPHOID	YES / NO <input checked="" type="checkbox"/>
3	VD	YES / NO <input checked="" type="checkbox"/>
4	KOCH'S / TUBERCULOSIS	YES / NO <input checked="" type="checkbox"/>
5	HANSEN'S DISEASE / LEPROSY	YES / NO <input checked="" type="checkbox"/>
6	CHRONIC COUGH	YES / NO <input checked="" type="checkbox"/>
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"/>
		B.P.: <u>118/78</u>
		Pulse: <u>74</u>
		Height: <u>156 cm</u>
		Weight: <u>64 kg</u>
		Blood Sugar: <u>-</u>
		Blood Group: <u>-</u>

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

EYE CHECK		UNCORRECTED	CORRECTED
		DISTANCE VISION	RT EYE <u>6/6</u> LT EYE <u>6/6</u>
NEAR VISION	RT EYE <u>6/6</u> LT EYE <u>6/6</u>		
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: [Signature] SIGN OF DOCTOR: [Signature]

RUBBER STAMP OF DOCTOR:
 DOCTOR'S REGN. NO: Dr. Shaikh Mohd. Navid MBBS (AFIH)

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

VERIFIED: Reg. No. 2005/02/0762