

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	22/06/2023		MARRIED

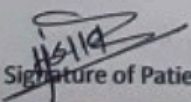
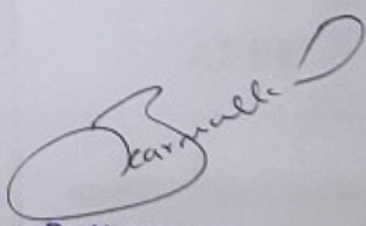
Name of Examinee	Age	Sex	Date of birth
NAGESH DNYANDEV GAWADE	39 YRS	MALE	17/02/1984

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
170 CM	93 KG	86 BPM	126/82 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	S ₁ S ₂ NORMAL

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: 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 CHEST	22/06/2023		MARRIED

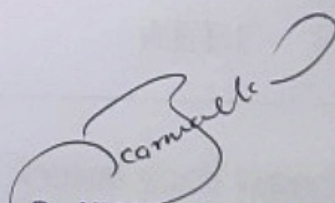
Name of Examinee	Age	Sex	Date of birth
BABASAHEB DATTARAO AMBHORE	39 YRS	MALE	01/01/1984

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
166 CM	77 KG	88 BPM	128/86 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

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

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 :- 95.5 F SPO2:- 99% NOT SUFFERING FROM SYMPTOMS COVID -19		
Result / Remarks	FIT FOR WORK .		
Signature of Patient	<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>		

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
DHASADE SHIVAJI DATTA	51 YRS	MALE	12/02/1972

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
170 CM	60 KG	74 BPM	126/84 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	S ₁ S ₂ NORMAL

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 94.3 F SPO2:- 97%</p> <p>NOT SUFFERING FROM SYMPTOMS</p> <p>COVID -19</p>		
Result / Remarks	FIT FOR WORK .		
<p style="text-align: center;"><u><i>[Signature]</i></u> Signature of Patient</p>	<p style="text-align: center;"><u><i>[Signature]</i></u> Dr. UMAKANT KARMALKAR MBBS, D. ORTHO, DNB ORTHO, APH, ENDOSCOPIC SPINE SURGEON, REG. NO. 20060204 Seal & Sign. Of Medical Examiner.</p>		

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	22/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
PARKALE SAURABH SHIVAJI	29 YRS	MALE	23/02/1994

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
159 CM	65 KG	74 BPM	126/84 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	S ₁ S ₂ NORMAL

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 :- 96.6 F
SPO2:- 97%

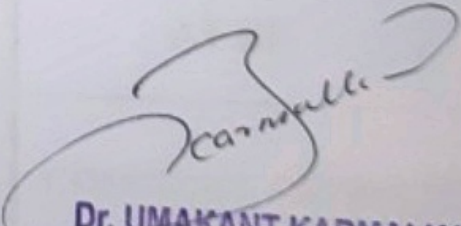
NOT SUFFERING FROM SYMPTOMS

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
Seal & Sign. Of Medical Examiner.

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NECK	22/06/2023		UNMARRIED

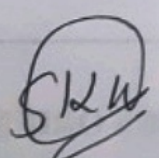
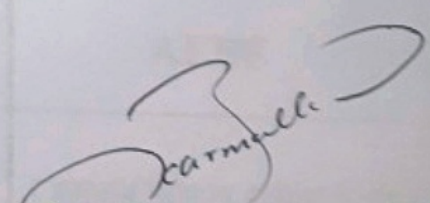
Name of Examinee	Age	Sex	Date of birth
SUMIT KARBHARI WAGH	22 YRS	MALE	04/01/2000

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
181 CM	62 KG	76BPM	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

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 94.2 F SPO2:- 98%</p> <p>NOT SUFFERING FROM SYMPTOMS</p> <p>COVID -19</p>		
Result / Remarks	FIT FOR WORK .		
 Signature of Patien	 Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFIH,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 RIGHT HAND	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
RAVINDRA VASUDEO GUPTA	31 YRS	MALE	01/06/1992

Height (Cm)	Weight (kg)
162 CM	64 KG

Pulse /bpm
72 BPM

Blood Pressure (mm of Hg)
112/70 MM OF HG

Personal History
Family History
Past History
Present Complaints

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

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

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 :- 96.2 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
Result / Remarks	COVID -19		
	FIT FOR WORK .		

R.V. Patel
Signature of Patient

Dr. Umakant Karmalkar
Dr. UMAKANT KARMALKAR
MBBS, D.ORTHO, DNB ORTHO,
AFIH, ENDOSCOPIC SPINE
SURGEON, REG. NO. 2008020416
Seal & Sign. Of Medical Examiner.

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT CHEEK	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SANJAY SAMBHAJI PATIL	32 YRS	MALE	01/01/1990

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
168 CM	59 KG	86 BPM	120/74 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	S ₁ S ₂ NORMAL

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 :- 95.4 F SPO2:- 99%		
Result / Remarks	NOT SUFFERING FROM SYMPTOMS COVID -19		
	FIT FOR WORK .		

[Signature]

Signature of Patient

[Signature]

Dr. UMAKANT KARMALKAR
 MBBS, D.ORTHO,DNB ORTHO,
 AFIH,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 CHEST	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SANTOSH PRALHAD KHANDARE	41 YRS	MALE	13/03/1982

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
164 CM	68 KG	78 BPM	116/70 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

BAJAJNAGAR MIDC PRATAP CHOWK

Vision / Ophthalmic check up	Color Vision	Right Eye	Left Eye
	NORMAL	6/6	6/6
ENT check up	NAD		
Dental check up	NAD		
Investigation	<p>TEMP :- 94.3 F SPO2:- 97%</p> <p>NOT SUFFERING FROM SYMPTOMS</p> <p>COVID -19</p>		
Result / Remarks	FIT FOR WORK .		
<p style="text-align: right;"><i>[Signature]</i> Signature of Patient</p>	<p style="text-align: center;"><i>[Signature]</i> Dr. UMAKANT KARMALKAR MBBS, D.ORTHO,DNB ORTHO, AFI,ENDOSCOPIC SPINE SURGEON.REG. NO. 2006020416</p> <p style="text-align: center;">Seal & Sign. Of Medical Examiner.</p>		

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON NOSE	22/06/2023		MARRIED

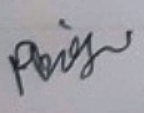
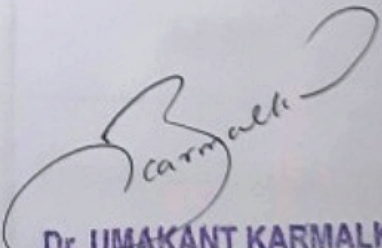
Name of Examinee	Age	Sex	Date of birth
ANIL PANDITRAV GAVHANDE	37 YRS	MALE	06/11/1989

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
170 CM	74KG	76 BPM	122/74 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	S ₁ S ₂ NORMAL

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:- 98%		
Result / Remarks	NOT SUFFERING FROM SYMPTOMS COVID -19		
	FIT FOR WORK .		
Signature of Patient 	 Dr. UMAKANT KARMALKAR MBBS, D.ORTHO, DNB ORTHO, AFIH, 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 CHEST	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
RAMESH NAMDEV POTDUKHE	36 YRS	MALE	09/05/1987

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
156 CM	54 KG	82 BPM	126/80 MM OF HG

Personal History
Family History
Past History
Present Complaints

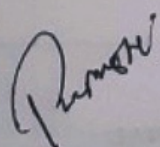
Diet/Alcohol/Tobacco/Smoking/Medical/NAD ✓
Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil ✓
Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil ✓
NAD

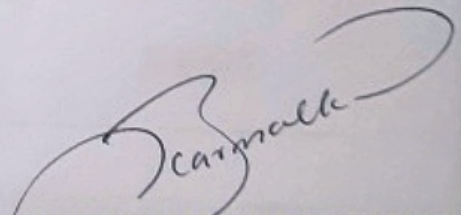
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Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" 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

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 :- 94.2 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		


Signature of Patient


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

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	22/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
SAINATH HANMANT KONDAMANGAL	24 YRS	MALE	01/01/1998

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
167 CM	80 KG	86 BPM	126/80 MM OF HG

Personal History
Family History
Past History
Present Complaints

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

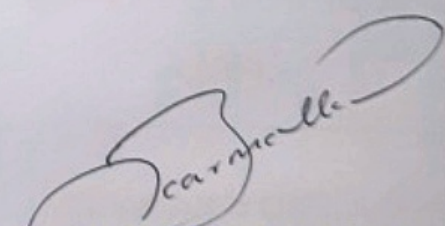
Clinical Examination
(Systemic)

Respiratory System	AEBE
Central Nervous Systems :	CONSCIOUS ORIENTED
Cardiovascular System	S₁ S₂ NORMAL

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 :- 95.5 F SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
Result / Remarks	FIT FOR WORK .		

साईनाथ

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).

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT CHEEK	22/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
DIGAMBAR MADHAV TANPURE	18 YRS	MALE	01/01/2005

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
164 CM	48 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

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 :- 96.1 F SPO2:- 97%		
	NOT SUFFERING FROM SYMPTOMS		
Result / Remarks	COVID -19		
	FIT FOR WORK .		

Digambar
Signature of Patient

U. 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 NECK	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
SAYSING OIYA VALAVI	33 YRS	MALE	05/02/1989

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
164 CM	52 KG	76 BPM	114/72 MM OF HG

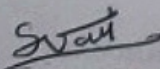
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any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

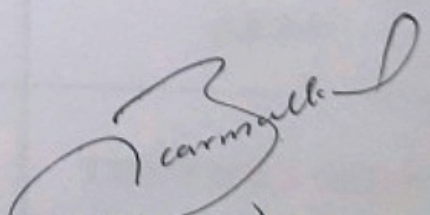
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Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" 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	S ₁ S ₂ NORMAL

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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 :- 94.4 F		
	SPO2:- 98%		
	NOT SUFFERING FROM SYMPTOMS		
Result / Remarks	COVID -19		
	FIT FOR WORK .		


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	22/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
IMTIYAJ ANSARI	18 YRS	MALE	06/04/2005

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
169 CM	50 KG	70 BPM	118/78 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

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 .		

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Signature of Patient

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

Seal & Sign. Of Medical Examiner.

SAI GANESH HOSPITAL



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

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MEDICAL EXAMINATION REPORT

Identification Mark	Date	Referred By	Marital Status
MOLE ON RIGHT CHEEK	22/06/2023		UNMARRIED

Name of Examinee	Age	Sex	Date of birth
VIJAY AANANDA BANSOD	33 YRS	MALE	31/05/1990

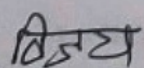
Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
163 CM	66 KG	78 BPM	122/80 MM OF HG

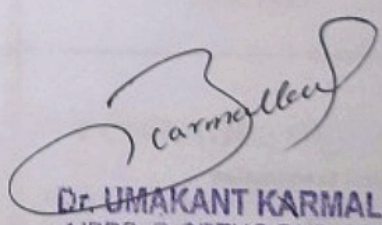
Personal History	Diet/Alcohol/Tobacco/Smoking/Medical/NAD✓
Family History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other / Nil✓
Past History	Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any 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	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 :- 96.2 F		
	SPO2:- 98%		
Result / Remarks	NOT SUFFERING FROM SYMPTOMS		
	COVID -19		
	FIT FOR WORK .		


Signature of Patient


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

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	22/06/2023		MARRIED

Name of Examinee	Age	Sex	Date of birth
GAJANAN GANGADHAR BANSOD	33 YRS	MALE	25/03/1990

Height (Cm)	Weight (kg)	Pulse /bpm	Blood Pressure (mm of Hg)
169 CM	62 KG	82 BPM	124/84 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	S ₁ S ₂ NORMAL
	Abdominal System	NAD

Vision / Ophthalmic check up

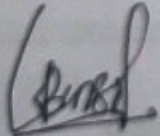
ENT check up

Dental check up

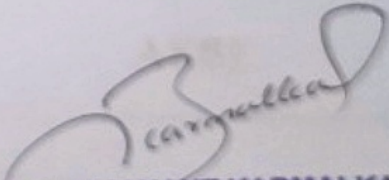
Investigation

Result / Remarks

Color Vision	Right Eye	Left Eye
NORMAL	6/6	6/6
NAD		
NAD		
<p>TEMP :- 95.1 F SPO2:- 97%</p>		
NOT SUFFERING FROM SYMPTOMS		
COVID -19		
FIT FOR WORK .		



Signature of Patient



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

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