

## HEALTH CHECK UP FORM

<b>General Information</b>		
Name: SYED UMAR	Employee No: NEW EMPLOY	
Age and Gender: 24/M		
Date of HC: 25 /09/2024		
Contact Number: 9961322473		
<b>Check List</b>	<b>Remark</b>	
Vitals	BP-110/70 mmhg,Pulse-76/minsregular	
<b>Vaccine</b>	Typhoid	
Typhoid (1 Dose)	Batch No : T020323	Date Of Expiry - 8/25
Doctor Consultation with Fitness Certificate	NoComplaints	
<b>Vitals</b>		
Height	155 CM	
Weight	65 KG	
BMI	27.1	
Waist & Hip Ratio	0.90	
Blood Pressure	110/70mmhg	
Heart Rate	76/minsregular	
SPO2	98%onRA	
<b>Eye Vision</b>		
Left Eye		Right Eye
GOOD	Near Vision	GOOD
GOOD	Distance Vision	GOOD
GOOD	Colour Vision	GOOD
Doctor Remark		
<b>Skin Examination Remark:</b> NAD		
Hearing Examination Remark:-NAD		
<b>Other Remark:</b> NAD		

## **MEDICAL FITNESS CERTIFICATE**

(FOR THE YEAR 2024)

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for:  
FOOD HANDLERS  
as per guidelines set by the:



(Refer Para No. 10.1.2, Part- II, Schedule - 4 of FSS Regulation, 2011)

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### **IT IS HEREBY CERTIFIED THAT**

Shri/Smt **SYED UMAR** employed with **CURE FOODS INDIA PRIVATE LIMITED COMING IN** direct contact with food items has been carefully examined\* by me on date **25/09/2024** Based on the medical examination conducted, he/she is found free from any infectious or communicable diseases and the person is fit to work in the above-mentioned food establishment.

Dr.T.Priyadarshini MD.

Registration no - 90343

**Name & Signature with Seal**  
Registered Medical Practitioner / Civil Surgeon



#### **\*Medical Examinations conducted:**

1. Physical Examination
- 2 Skin Examination
3. Eye Examination
4. Compliance with schedule of VACCINE to be inoculated against enteric group of diseases
5. Any test required to confirm any communicable or infectious disease which the person suspected to be suffering from on clinical examination



Cell : 93458 61697

# AASH HEALTH CARE


**BLOOD TEST**
**ECG**
**TMT**


Name : Mr. SYED UMAR  
 Age/Gender : 24 Y / Male  
 Referred By : CURE FOOD  
 Policy No : NEW EMPLOY  
 Phone No : 9961322473

Bill Date : 30-Sep-2024 10:29:00 AM

Approved Date : 30-Sep-2024 12:11:28 PM

Report Printed on : 08-Oct-2024 11:41:35 AM

**Test Description**      **RESULT**      **UNITS**      **Reference Range**
**HEMATOLOGY**
**COMPLETE BLOOD COUNT(CBC)**

Haemoglobin	15.8	gm/dl	Male : 13.5 - 17.0 gm/dl Female: 12.0 - 15.5 gm/dl
Method : Colorimetric - ICSH			
Red Blood Cell Count	5.32	Millions /crnm	Male : 4.6 - 6.0 Million /cmm Female : 4.2 - 5.4 Million /cmm

**PCV (Hematocrit)**

45.3 % Male : 40-52 %  
Female : 38 - 45 %

**Morphology**
**Target Cells**
**DIFFERENTIAL COUNT**

Basophils	00	%	0 - 1 %
Monocytes	00	%	2 - 4 %
Eosinophils	02	%	2 - 8 %
Lymphocytes	45	%	30 - 50 %
Neutrophils	53	%	40 - 65 %
MCHC	34.88	IU/ML	32 - 36 IU/ML
MCH	29.70	pg	27-31 pg
MCV	85.15	fL	76 - 96 fL
Total wbc count	8600	cells /cmm	4000 - 11000 cells/cmm
Platelets	2.45	Lakhs /cmm	1.5 - 4.0 Lakhs /cmm
ESR 1 Hour	07	mm	Male : 0 - 15 mm Female : 5 - 20 mm

Dr.T.Priyadarshini MD.  
 Pathologist Registration no - 90343



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Test Description	RESULT	UNITS	Reference Range
<b><u>CLINICAL PATHOLOGY</u></b>			

**ROUTINE URINE ANALYSIS (RUA)**

Pus Cells	2-3	/hpf	/hpf
Epithelial Cells	1-2	/hpf	/hpf
Casts	Absent	Granular /LPF	Granular /LPF

**PHYSICAL EXAMINATION**

Sediment	Nil		
Transparency	Clear		
Specific Gravity	1.015		1.010 - 1.030
Reaction	Acidic		

**CHEMICAL EXAMINATION**

Sugar	Absent		
Bile Salt	Absent		
Bile pigments	Absent		
Protein	Absent		

**MICROSCOPIC EXAMINATION**

Red Blood Cells	Absent	/hpf	/hpf
Deposits	Absent		
Bacterias	Nil		
Ph	6.0		
Colour	Straw Clear		

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\*\*\*\* END OF REPORT \*\*\*\*

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