

HEALTH CHECK UP FORM		
General Information		
Name: SYED UMAR		Employee No: NEW EMPLOY
Age and Gender: 24/M		
Date of HC: 25 /09/2024		
Contact Number: 9961322473		
Check List	Remark	
Vitals	BP-110/70 mmhg,Pulse-76/minsregular	
Vaccine	Typhoid	
Typhoid (1 Dose)	Batch No : T020323	Date Of Expiry - 8/25
Doctor Consultation with Fitness Certificate	NoComplaints	
Vitals		
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	
Eye Vision		
Left Eye		Right Eye
GOOD	Near Vision	GOOD
GOOD	Distance Vision	GOOD
GOOD	Colour Vision	GOOD
Doctor Remark		
Skin Examination Remark: NAD		
HearingExaminationRemark:-NAD		
Other Remark: NAD		

MEDICAL FITNESS CERTIFICATE

(FOR THE YEAR 2024)

for:
FOOD HANDLERS
as per guidelines set by the:



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

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

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

Age/Gender : 24 Y / Male

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

Referred By : CURE FOOD

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

Policy No : NEW EMPLOY

Phone No : 9961322473

Test Description	RESULT	UNITS	Reference Range
<u>HEMATOLOGY</u>			
<u>COMPLETE BLOOD COUNT(CBC)</u>			
Heamoglobin	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 (Heamatocrit)	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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CLINICAL PATHOLOGY

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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