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| **SHRADDHA HOSPITAL** | | | | | | | | | | | | | | |  | | | |
| **Sr.No. 43, Parashar Society, Pune Nagar Road, Chandan Nagar, Kharadi, Pune – 411014** | | | | | | | | | | | | | | | | | | |
| **Mob No.** **9011052829** |  | |  |  | |  | | **Dr.Sanjiv Jadhav** | | | | |  | | |  | | | | | | | |  |  |
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**Medical Examination Form**

**Employee Name**:

Age: Sex:  Designation:

Company Name: Vehicle No.: Blood Group:

Identification Mark:

Past History:

Family History:

Drug Allergy:

**General Examination:**

|  |  |  |
| --- | --- | --- |
| Height : | Weight : | BMI : **-** |
| BP : | Pulse : | ENT : |
| Vision : | Near Vision : | Colour Vision : |
| Long Volume : | Oral Hygiene : | M/H : **-** |

**Systemic Examination:**

CVS: CNS:

P/A: RS:

This is to certify that on clinical examination he/she has not shown any evidence of major defects of posture,

locomotion, vision, hearing or other apparent systematic disorder.

He/she medically fit.

Remark:

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| --- | --- |
| **Dr.Sanjiv S. Jadhav** | |
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