



PART - A
MEDICAL FITNESS CERTIFICATE

Certified that I, Dr. ANKIT SINGH have examined
 Shri. DIPENDRA YADAV (Dipak Intra.) Age 32
 Employee No. NEW Section MMI on (date) 10/11/25

His general & Physical examinations do not reveal any abnormality. He does not suffer from any acute/chronic skin disease or any contagious or infectious disease. His eyesight is normal with/without glasses. In my opinion, he is physically and mentally fit for working at height.

Details of Medical Examination:

1. General & Systemic Examination:

1.1	Pulse	78	
1.2	B. P.	110/70/116/78	
1.3	Height	150	
1.4	Weight	60	
1.5	Pallor	Yes	No <input checked="" type="checkbox"/>
1.6	Flat foot	Present:	Absent: <input checked="" type="checkbox"/>
1.7	Gait	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.8	Vision	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.9	Color Vision	Normal: <input checked="" type="checkbox"/>	Abnormal:

1.10	Central Nervous System	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.11	Nystagmus	Present: <input checked="" type="checkbox"/>	Absent: <input checked="" type="checkbox"/>
1.12	Romberg Sign	Positive: <input checked="" type="checkbox"/>	Negative: <input checked="" type="checkbox"/>
1.13	Hearing	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.14	Muscular Co-ordination	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.15	Cardiovascular System	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.16	Respiratory System	Normal: <input checked="" type="checkbox"/>	Abnormal:
1.17	Central Nervous System	Normal: <input checked="" type="checkbox"/>	Abnormal:

2. Previous History of:

2.1	Seizure disorders (Epilepsy)	Yes	No <input checked="" type="checkbox"/>
2.2	Frequent headache or reeling sensation	Yes	No <input checked="" type="checkbox"/>
2.3	Mental depression	Yes	No <input checked="" type="checkbox"/>
2.4	Acrophobia	Yes	No <input checked="" type="checkbox"/>

3. Investigation:

Blood	B +ve
CBC:	(N) Attached
Random blood sugar:	112 mg/dl

4. X-Ray:

Required / Not required: _____

If required – Details of report: _____

Fit

Signature of employee

54843

17/6
10/11/25
Signature by Medical Officer