



PART - A
MEDICAL FITNESS CERTIFICATE

Certified that I, Dr. ANKIT SINGH have examined
Shri. UPENDRA YADAV (Direct Infra.) Age 32
Employee No. NEW Section MMID on (date) 10/11/23

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		1.10	Central Nervous System	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.2	B. P.	110/80/116/78		1.11	Nystagmus	Present: <input type="checkbox"/>	Absent: <input checked="" type="checkbox"/>
1.3	Height	170		1.12	Romberg Sign	Positive: <input type="checkbox"/>	Negative: <input checked="" type="checkbox"/>
1.4	Weight	60		1.13	Hearing	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.5	Pallor	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	1.14	Muscular Co-ordination	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.6	Flat foot	Present: <input type="checkbox"/>	Absent: <input checked="" type="checkbox"/>	1.15	Cardiovascular System	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.7	Gait	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>	1.16	Respiratory System	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.8	Vision	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>	1.17	Central Nervous System	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>
1.9	Color Vision	Normal: <input checked="" type="checkbox"/>	Abnormal: <input type="checkbox"/>				

2. Previous History of:

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

3.

Investigation:

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

4.

X-Ray:

Required / Not required: _____
If required – Details of report: _____

Fit

Signature of employee

34842

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