



PHYSICAL EXAMINATION RECORD

Name : Mr. JayPrakash Meena	Date: 23/08/2025
Gender : Male	Age: 27 yrs

Height	163 cm.
Weight	67.0 kg.
Eye	(N)
Fever	No
Cough/Cold	No
Skin	(N)
Chest Congestion/ Breathing issues	No
BP	120/80

*NAD - No Abnormality Detected

Medical & Personal History

Asthmatic:	No
Diabetic	No
Hypertensive:	No
Cardiac History;	No

Sample received or not received	Blood: Yes	Urine: Yes	Stool: Yes	Sputum: NA
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*All samples are mandatory.

I hereby confirmed that the above information is true as per my knowledge & I am giving consent for the same.

Candidate sign

Dr. Sanjay Garg
MBBS, M.D (Med.)
Physician/ Cardiologist
RMC 705908/18085

Dhawal Diagnostic & Res. Centre
99, Vidyut Nagar-6, ... Road
JANPUR-302021

PROFORMA FOR MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

(See Para no - 10.1.2, Part-II, Schedule-4 of FSS regulation, 2011)

It is certified that [✓]shri/smt/Miss Jayprakash meeng employed with **TRAVEL FOOD SERVICES** coming in direct contact with food items has been carefully examined as mentioned. Date 23/08/25 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.


Name of the Doctor, M.D (Med.)
(Registered Medical Practitioner)
Dr. Sanjeev Garg
RMC 7054087805

Signature with Seal:

Dhaval Diagnostic & Res. Centre
90, Vijay Nagar-E, Ambar Road
JAIPUR-302021

*Medical Examination to be conducted:

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1. Physical Examination and General Examination (Eye examination and Skin examination)
 2. Typhoid Vaccination to be done every alternate year
 3. Hepatitis -B Vaccination to be done as per standard protocol.
 4. Any test required to confirm any communicable or infectious disease which the person suspected to be suffering from on clinical examination



PharmEasy
Labs

CERTIFICATE OF VACCINATION

Date : 23/08/2025

Name :- Jayprakash meena
Gender :- male
Company :- Semolina Kitchen

VACCINE NAME	BATCH NUMBER OF THE VACCINE
Typhoid Vaccine	54B23005A
Hepatitis B 1st vaccine	220500124A

Dr. Sanjay Garg
M.B.B.S. M.D. (Med.)
Sr. Physician/ Cardiologist
RMC 005908/18085

Dhawal Diagnostic & Res. Centre
88, Vidyut Nagar-1, Sector Road
JAIPUR-302021

Jay

आँ
शिकायत
सकती है।
कृपया गर्भवती महिला
को समय पर डॉक्टर के पास
जाएं।
यह राज्य सरकार का आदेश है।

Dr. Sanjeev Garg
M.B.B.S. M.D. (Med.)
Sr. Physician/ Cardiologist
RMC 005908/18005

July

Dharm Diagnostic & Res. Centre
B99, Sarthi Marg, Vidyut Nagar B, Neelkanth Colony, Vidhyut
Nagar, Jaipur-302021

GPS Map Camera



Jaipur, Rajasthan, India

B99, Sarthi Marg, Vidyut Nagar B, Neelkanth Colony, Vidhyut
Nagar, Jaipur, Rajasthan 302021, India

Lat 26.899461° Long 75.754043°

23/08/2025 11:04 AM GMT +05:30

भारत सरकार
Government of India

जयप्रकाश मीना
Jayprakash Meena

जन्म तिथि/DOB: 07/07/1998
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वसूला जा रहा है)
ऑफलाइन एकात्मक को स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

3308

मेरा आधार, मेरी पहचान

Jay

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: करण सिंह मीना, गाबडी, मोहनपुरा, करौली,
राजस्थान - 322216

Address:
S/O: Karan Singh Meena, gabdai, Mohanpura, PO:
Mohanpura, DIST: Karauli,
Rajasthan - 322216

Details as on: 18/08/2025

3308

VID : 9132 0149 9991 1326

1947 help@uidai.gov.in www.uidai.gov.in

Dr. Sangeet Gang
M.B.B.S., M.D (Med.)
Physician/ Cardiologist
RMC 905908/18085

Dhawal Diagnostic & Res. Centre
C-1, Vidyut Nagar, Jaipur Road
JAIPUR-302021

PATIENT ID : 1125877 Visit Date & Time 23/08/2025 11:39:05
Name Mr. JAYPRAKASH MEENA
Age / Sex Male 27 Yrs 1 Mon 17 Days
Ref. By Doctor : 9772725282

Lab No.:
Bill To : SEMOLINA KITCHENS Pvt .Ltd
Ref. Lab/ Hosp.
Panel Company : SEMOLINA KITCHENS Pvt .Ltd



COMPLETE BLOOD COUNT

HAEMATOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
SEMOLINA KITCHENS (FOOD HANDLERS<40)				
HEMOGLOBIN	14.7		gm/dl	13.0 - 17.0
TLC (Total Leucocyte Count)	7.20		thou/mm ³	4.00 - 11.00
R B C (Red Blood Cell Count)	4.73		Millions/cmm	4.00 - 6.00
PCV (Hematocrit)	43.1		%	40.0 - 54.0
M C V (Mean Corp Volume)	87.2		fL	77.0 - 94.0
M C H (Mean Corp Hb)	29.7		pg	27.0 - 32.0
M C H C (Mean Corp Hb Conc)	34.1		g/dl	32.0 - 36.0
PLATELET COUNT	255.0		thou/mm ³	150.0 - 410.0

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS	63.0	%	40.0 - 75.0
LYMPHOCYTES	34.0	%	20.0 - 45.0
MONOCYTES	02.0	%	00.0 - 12.0
EOSINOPHILS	01.0	%	01.0 - 06.0
BASOPHILS	00.0	%	00.0 - 01.0

IMMUNOLOGY - SEROLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
HIV I & II	NON REACTIVE			NON REACTIVE

HAEMATOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
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BLOOD GROUP
RH TYPING

"AB"
 POSITIVE

*** End of Report ***


Technologist



Dr. ANJANA MITTAL
 MD (Path)

Abbreviations Meaning : H - High, L - Low,
 Not Valid for Medico Legal Purpose. Subject to jaipur jurisdiction only

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Ref. Lab/ Hosp.
Panel Company SEMOLINA KITCHENS Pvt. Ltd



CLINICAL PATHOLOGY

SEMOLINA KITCHENS (FOOD HANDLERS<40)

PHYSICAL EXAMINATION

Colour	Pale Yellow	
Appearance	Clear	Clear
Reaction	6.5	
Specific Gravity	1.030	

CHEMICAL EXAMINATION

Albumin	NIL	NIL
Sugar	NIL	NIL

MICROSCOPIC EXAMINATION

RBC	NIL	/HPF	
WBC	1-2	/HPF	
Epithelial Cell	0-2	/HPF	
Crystal	NIL		
Cast	NIL		
Bacterial Flora	NIL		NIL
Others	NIL		

Test Name	Value	Status	Unit	Biological Ref Interval
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STOOL EXAMINATION

PHYSICAL EXAMINATION

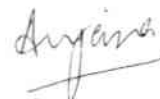
Colour	Brownish
Consistency	Semi Solid
Mucous	NIL
Blood	NIL

MICROSCOPIC EXAMINATION

RBC	NIL
WBC	0-1
Ova	NIL
Cyst	NIL
Macrophages	NIL
Trophozoite	NIL

*** End of Report ***

Technologist



Dr. ANJANA MITTAL
MD (Path)

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Panel Company SEMOLINA KITCHENS Pvt. Ltd.



X-RAY

SEMOLINA KITCHENS (FOOD HANDLERS<40)

X-RAY CHEST PA VIEW

Soft tissues and bony cage under view are normal.
Lung fields are normal.
Bilateral hilar shadows are normal.
Mediastinum and domes are normal.
Costophrenic angles are clear.
Cardiac size and shape is normal.

IMPRESSION : Normal Skiagram.

Please correlate clinically also.

*** End of Report ***

Technologist


Dr. D.S. CHAUHAN
MD (Radio-diagnosis)

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