

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. Shiverish Kumar Singh on 10/03/25


After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>With Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Physician Refrains for ↑BGL(E) level;</u></p> <p>2. ....</p> <p>3. ....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p>	
<p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 177cm

Weight: 99 kg

Blood Pressure: 130/80 mmHg

Dr.  10/03/25  
Medical Officer

**APOLLO HEALTH AND LIFESTYLE LTD.**  
**APOLLO ONE**  
Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, WEA Karol bagh  
New Delhi-110005

This certificate is not meant for medico-legal purposes

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd)  
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788  
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

**Registered Office:** Apollo Health and Lifestyle Limited  
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,  
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

[www.apolloclinic.com](http://www.apolloclinic.com)

Mr. Shivesh Kumar Singh  
Age - 38y/m



Spog - 90+

Height: 177cm	Weight: 99kg	BMI:	Waist Circum:
Temp: 98.2°F	Pulse: 86/min	Resp: 20/min	B.P: 130/80 mmHg

Past His: -

no relevant H/o.

Surgical His: -

no relevant H/o.

Allergy: -

no relevant H/o.

Family His: -

F → Diabetes, HTN.

M → no relevant H/o.

Covid Vaccines: - 2 dose.

Diet: - mixed diet.

Physical Activity: - low activity.

Menstruation His: -

Marital His: - Married, 2 daughters.

Addictions: -

occasional Alcohol.

General Examination / Allergies

History: -

CVS S1S2+

RS B/L adequate AE+

CNS Conscious & oriented to ppl.

P/A soft & nontender.

ADVICE: -

Review after 4 weeks

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Sign: - 08/03/25

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=====

**NAME: SHIVESH KUMAR SINGH**  
**DATE: 08.03.2025**  
**REF. BY: - HEALTH CHECKUP**

=====

**AGE: 38 /SEX/M**  
**MR. NO: - CAOP.0000003819**  
**S.NO.: - 4577**

=====

**X-RAY CHEST PA VIEW**

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**CONCLUSION:**

No obvious abnormality seen.

**Please correlate clinically and with lab. Investigations**



**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**  
**RADIOAIGNOSIS**

Note: It is only a professional opinion. Kindly correlate clinically.

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Patient Name : Mr.SHIVESH KUMAR SINGH  
 Age/Gender : 38 Y 11 M 5 D/M  
 UHID/MR No : CAOP.0000003819  
 Visit ID : CAOPPV05091  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 794652

Collected : 08/Mar/2025 09:36AM  
 Received : 08/Mar/2025 10:27AM  
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.64	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	26	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3752	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1456	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	280	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>				
MPV	8.7	fL	8.1-13.9	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs Predominantly Normocytic Normochromic  
 WBCs Are essentially unremarkable. No abnormal cells seen.

  
 Dr. Shivangi Chauhan  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist



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Platelets Adequate in number, verified on smear  
No Hemoparasites seen in smears examined.  
Impression Normal peripheral smear study  
Advice Clinical correlation



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M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

**Comment:**

1. This tests determines ABO & Rh blood groups (testing for other blood group systems not performed) through immunological reaction between RBC antigen & antibody.
2. ABO system also has Subgroups of A, B and rare phenotype as Bombay blood group which requires further testing and required recommendations as per the case will be provided.
3. Rh system in certain individual can have weak or partial Rh D expression which can result in weaker agglutination reactions and hence all Rh D Negative groups need to be further cross verified using Rh Du testing.
4. In case of Newborn - Only forward typing is performed, reverse typing is not performed, since the antibodies are not fully formed. Hence it is recommended to re-test blood grouping after 6 months.
5. In certain cases History of Recent blood transfusion (within 3-4mths), of bone marrow transplantation, certain drugs (especially monoclonal antibody) & certain malignancies may interfere with interpretation of blood grouping.
6. It is always recommended for reconfirmation of the Blood Group along with cross matching before blood transfusion.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	120	mg/dl	74-106	GOD, POD

Please correlate with clinical and fasting details

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**


- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	mg/dl	70-140	GOD, POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated


**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	181	mg/dl	0-200	CHOD
TRIGLYCERIDES	91	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	41	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.13	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.56	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.16	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	84.31	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.55	g/dl	6.4-8.3	Biuret
ALBUMIN	4.67	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

- Hepatocellular Injury: \*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
- Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.91	mg/dL	0.67-1.17	Enzymatic colorimetric
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	105.85	mL/min/1.73m <sup>2</sup>	>60	CKD-EPI FORMULA
UREA	<b>11.08</b>	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	<b>5.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.55	mg/dL	3.5-7.2	Uricase
CALCIUM	9.48	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.55	g/dl	6.4-8.3	Biuret
ALBUMIN	4.67	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated



Dr. Shivangi Chauhan  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.90	U/l	0-55	IFCC

  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	124	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	8.73	µg/dL	5.12-14.06	ECLIA
THYROID STIMULATING HORMONE (TSH)	2.720	µIU/mL	0.270-4.20	ECLIA

Comment:

For Pregnant Women	Bio Ref Range for TSH in µIU/mL
9 – 12 Weeks	0.18 – 2.99
First trimester	0.33 – 4.59
Second trimester	0.35 – 4.10
Third trimester	0.21 – 3.15

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

*Nidhi*

Dr Nidhi Sachdev  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist

SIN No:AOP250300483



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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



*Nidhi*

Dr Nidhi Sachdev  
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 Reported : 08/Mar/2025 01:07PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	Normal		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

\*\*\* End Of Report \*\*\*

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Dr. Shivangi Chauhan  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



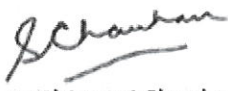
SIN No:AOP250300486

Patient Name : Mr.SHIVESH KUMAR SINGH  
Age/Gender : 38 Y 11 M 5 D/M  
UHID/MR No : CAOP.0000003819  
Visit ID : CAOPPV05091  
Ref Doctor : Self  
Emp/Auth/TPA ID : 794652

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. Shivangi Chauhan  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:AOP250300486



MR SHIVESH KUMAR

Male 38Years

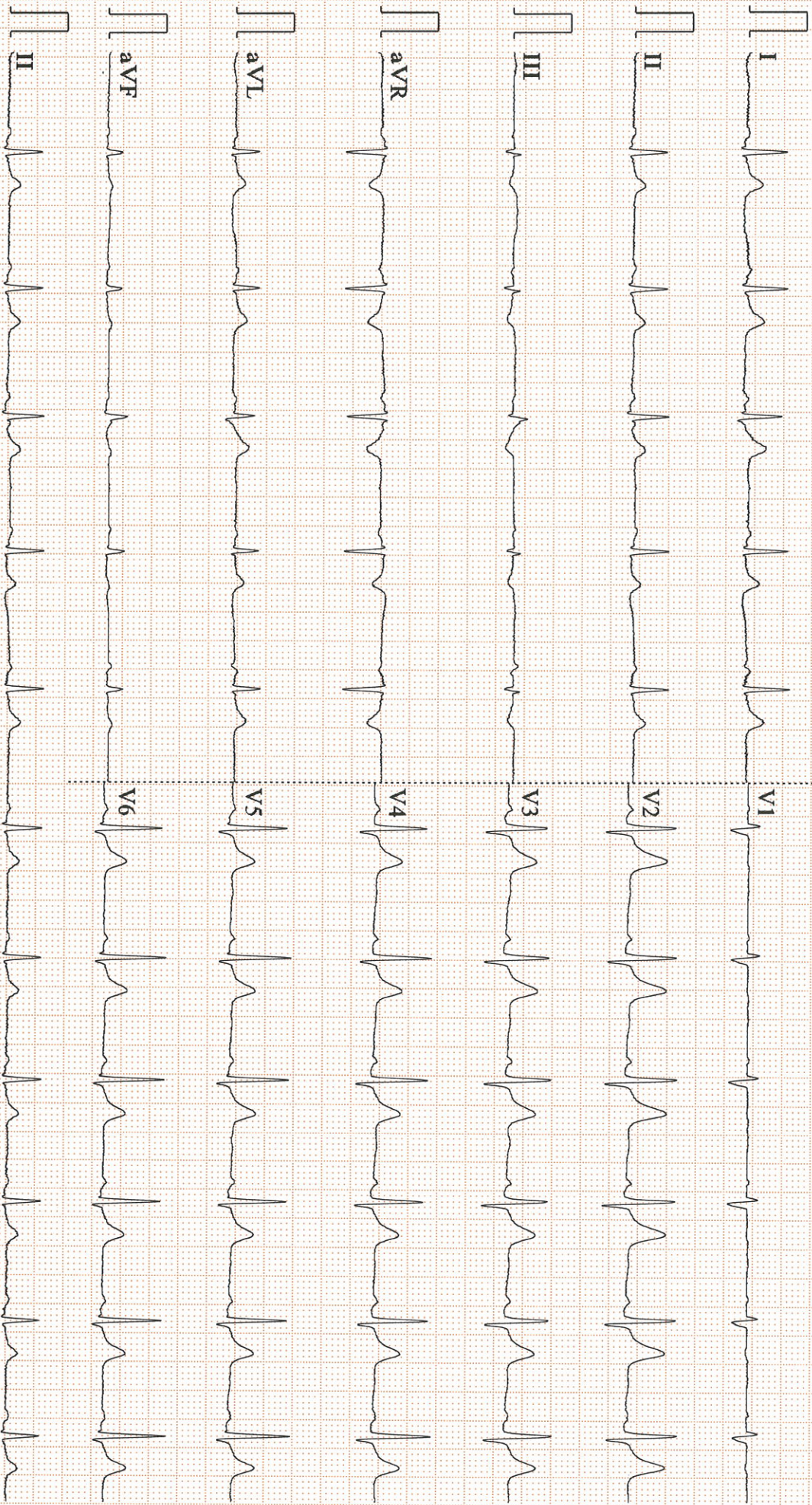
Req. No. :

Diagnosis Information:

Sinus Arrhythmia

HR	: 67	bpm
P	: 84	ms
PR	: 136	ms
QRS	: 85	ms
QT/QTcBz	: 349/370	ms
P/QRS/T	: 53/1/1	°
RV5/SV1	: 1.03/1/0.308	mV

Report Confirmed by:



ID	Height	Age	Gender	Test Date / Time
3823	152cm	61	Male	08.03.2025. 09:50

## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	29.9 (28.6~35.0)	29.9	38.4 (36.7~44.9)	40.6 (38.9~47.5)	61.3 (43.2~58.4)
Protein (kg)	8.1 (7.7~9.4)	non-osseous			
Minerals (kg)	2.59 (2.65~3.23)				
Body Fat Mass (kg)	20.7 (6.1~12.2)				

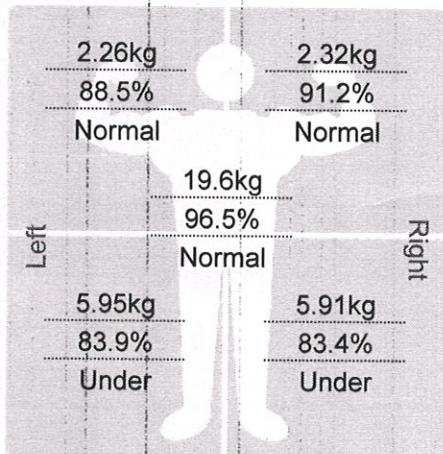
## Muscle-Fat Analysis

	Under	Normal	Over	
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	61.3		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	22.5		
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %	20.7		

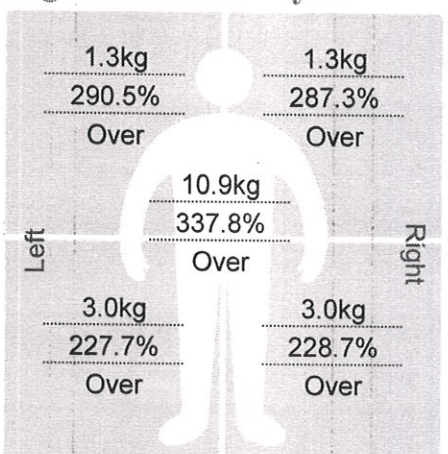
## Obesity Analysis

	Under	Normal	Over	
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	26.5		
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0	33.7		

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

Weight (kg)	61.3
SMM (kg)	22.5
PBF (%)	33.7

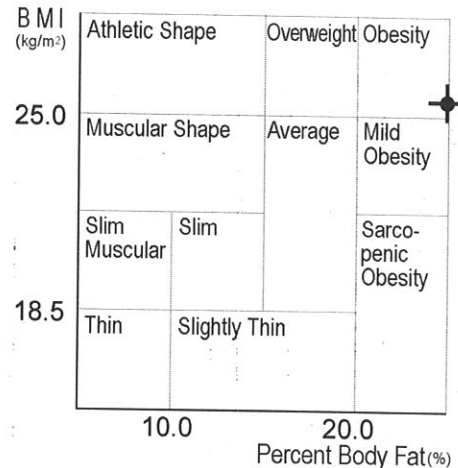
Recent  Total 08.03.25. 09:50

## InBody Score

64/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Body Type



## Weight Control

Target Weight	50.9 kg
Weight Control	- 10.4 kg
Fat Control	- 13.0 kg
Muscle Control	+ 2.6 kg

## Obesity Evaluation

- BMI  Normal  Under  Slightly Over  Over
- PBF  Normal  Slightly Over  Over

## Body Balance Evaluation

- Upper  Balanced  Slightly Unbalanced  Extremely Unbalanced
- Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced
- Upper-Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1248 kcal ( 1383~1608 )
Waist-Hip Ratio	0.91 ( 0.80~0.90 )
Visceral Fat Level	9 ( 1~9 )
Obesity Degree	121 % ( 90~110 )
Bone Mineral Content	2.17 kg ( 2.18~2.66 )
SMI	7.1 kg/m <sup>2</sup>
Recommended calorie intake	1574 kcal

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	339.3	354.0	28.7	300.0	293.0
50 kHz	301.1	312.7	24.6	259.5	255.3
250 kHz	267.3	277.9	21.0	229.0	224.9

Eye Checkup

NAME:- MR SHIVESH Kumar Singh

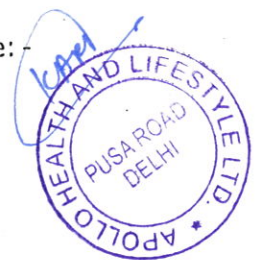
Age:- 38

Date:- 8/3/25

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-0.25 / -0.50 x 110° (G/C)	+0.50 x 180° (G/C)
Near vision	G/C	G/C
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature: \_\_\_\_\_



Apollo One (Unit of Apollo Health and Lifestyle Ltd)  
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 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788  
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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