

MEDICAL EXAMINATION REPORT

Name B Jeyanth Gender M / F Date of Birth 21/05/1985
 Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit(more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes ; approximate date (MM/YYYY)
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
- b. Do you have knee pain when squatting or kneeling? Yes No
- c. Do you have back pain when forwarding or twisting? Yes No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
 - Walking: Yes No •Kneeling: Yes No •Squatting: Yes No
 - Climbing: Yes No •Sitting: Yes No
 - Standing: Yes No •Bending: Yes No
- f. Do you have pain when working with hand tools? Yes No
- g. Do you experience any difficulty operating machinery? Yes No
- h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION

Chest - 39
Hip - 37
Pulse - 88

a. Height b. Weight Blood Pressure mmhg

Chest measurements: a. Normal b. Expanded

Waist Circumference Ear, Nose & Throat

Skin Respiratory System

Vision Nervous System

Circulatory System Genito-urinary System

Gastro-intestinal System Colour Vision

Discuss Particulars of the above

C. REMARKS & PATHOLOGICAL TESTS

Chest X-ray ECG

Complete Blood Count Urine routine

Serum cholesterol Blood sugar

Blood Group S.Creatinine

D. CONCLUSION

Any further investigations required

Any precautions suggested

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or other constitutional weakness or bodily infirmity except fit .. I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date :

B. Luthi


 Signature of Medical Adviser
Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
 Reg.No: 61785, Consultant Cardiologist
 Medall Diagnostics

Female

Measurement Results:

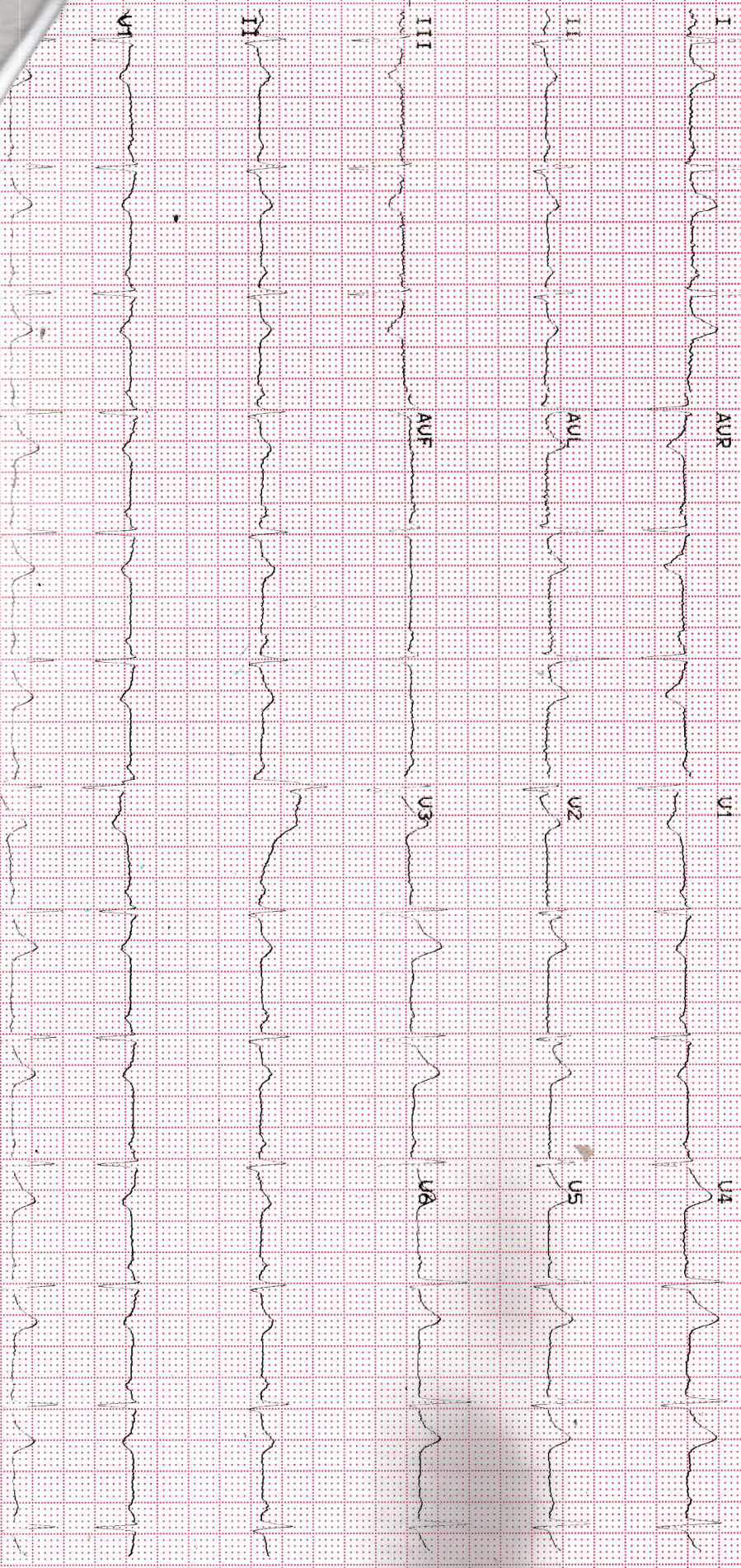
QRS	90 ms
QT/QTcB	376 / 419 ms
QTc	144 ms
P	122 ms
RR/PP	800 / 800 ms
P/QRS/T	62 / -14 / 4 degrees

< P
 < T
 < QRS
 aVR
 aVL
 0.1
 III +90
 aVF II

Interpretation:
 12SL - Interpretation:
 Sinus rhythm with Fusion complexes
 otherwise normal ECG

Unconfirmed report

HR 75 bpm



P. Singh



Date : 08/03/2025

Aadhar Card Number -7501 3357 8810

FITNESS CERTIFICATE

This is to certify that, the following are the visual standard of
MR. JEYANTH B 39 Years/ Male TVL/358681/25

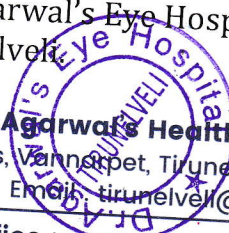
	Right eye	Left eye
Visual Acuity	6/6	6/6
Near vision	N6	N6
Colour vision	Normal	Normal
B.S.V	Present	Present
Central fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Fit without glass	YES
Fit with glass	-----
Unfit	-----

Dr. VIVEKA VARDHAN CHATLA

Reg No. 147051

Medical consultant,
Dr. Agarwal's Eye Hospital,
Tirunelveli



Branch Office : Dr. Agarwal's Health Care Ltd.
No. 15, South Bye Pass, Vannarpet, Tirunelveli - 627 003. Ph : 0462-2501818, 2501819
Mobile : 82200 13039 Email : tirunelveli@dragarwal.com Website : www.dragarwal.com



Regd. Office :
3rd Floor, Buhari Towers, No.4, Moores Road, off Greams Road, Near Asan Memorial School, Chennai
Contact : 78248 19990 Email : info@dragarwal.com

Name	Mr. JEYANTH B	ID	MED121762343
Age & Gender	39Y/M	Visit Date	Mar 8 2025 9:31AM
Ref Doctor	MediWheel		

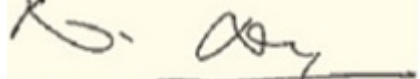
Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Both costophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



DR. DANIEL STANLEY PETER, M.D.R.D.,
Consultant Radiologist
Reg. No: 82342

Name	JEYANTH B	ID	MED121762343
Age & Gender	39-Male	Visit Date	3/8/2025 9:31:23 AM
Ref Doctor Name	MediWheel		



Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.9 cm
LVID s ... 2.9 cm
EF ... 72 %
IVS d ... 1.2cm
IVS s ... 1.3 cm
LVPW d ... 0.6 cm
LVPW s ... 1.1cm
LA ... 3.2cm
AO ... 3.3 cm
TAPSE ... 21mm
IVC ... 0.9 cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Mitral valve : E: 0.91 m/s A: 0.65 m/s
E/A Ratio: 1.42 E/E: 8.44

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Aortic valve: AV Jet velocity: 1.19 m/s

Tricuspid valve: TV Jet velocity: 1.70 m/s TRPG: 11.55 mmHg.

Pulmonary valve: PV Jet velocity: 1.07 m/s

IMPRESSION:

1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.

Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

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Age & Gender	39-Male	Visit Date	3/8/2025 9:31:23 AM
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Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is mildly enlarge in size(15.3cm). Parenchymal echoes are increased. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is minimally distended.

Pancreas: Visualized head and proximal body appears normal.
Rest of the body of pancreas and tail obscured by bowel gas.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.1 x 4.8 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.3 x 5.1 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder: The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Prostate: The prostate measures 3.8 x 3.1 x 2.9 cm and is normal sized.

Corresponds to a weight of about 18.62 gms.

The echotexture is homogeneous.

The seminal vesicles are normal.

RIF: No mass or fluid collection is seen in the right iliac fossa.

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There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

- Borderline hepatomegaly with grade II fatty liver.

DR.MOHAMMED AAKILA.M. MBBS.,DNB.,
Consultant Radiologist
Reg. No: 107534

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Name : Mr. JEYANTH B
PID No. : MED121762343
SID No. : 625005180
Age / Sex : 39 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 08/03/2025 9:31 AM
Collection On : 08/03/2025 9:58 AM
Report On : 08/03/2025 1:49 PM
Printed On : 12/03/2025 4:24 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'A' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Blood/Spectrophotometry)	14.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	43.3	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.81	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	89.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (Derived from Impedance)	15.7	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	49.40	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	9910	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	50.4	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	39.8	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.0	%	01 - 10



VERIFIED BY



Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Basophils (Blood/Impedance Variation & Flow Cytometry)	0.1	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	4.99	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	3.94	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.37	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.59	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	325	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	8.4	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	28	mm/hr	< 15
BUN / Creatinine Ratio	10.75		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	116.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	279.6	mg/dL	70 - 140



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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Positive(+)		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.47	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.16	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	6.5	mg/dL	3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum)	1.10	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.33	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.77	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	36.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	70.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	45.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	115.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.48	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.70	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	2.78	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	250.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	263.5	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	29.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	167.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	52.7	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	220.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	8.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	8.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/Ion exchange HPLC by D10)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	136.98	mg/dL	
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VERIFIED BY



Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

Name : Mr. JEYANTH B
PID No. : MED121762343
SID No. : 625005180
Age / Sex : 39 Year(s) / Male
Type : OP
Ref. Dr : MediWheel



Register On : 08/03/2025 9:31 AM
Collection On : 08/03/2025 9:58 AM
Report On : 08/03/2025 1:49 PM
Printed On : 12/03/2025 4:24 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.32	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.10	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.749	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</u>			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-4	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL



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-- End of Report --