

Patient Name	: Mr.RAJESH KUMAR M	Collected	: 16/Nov/2024 10:29AM
Age/Gender	: 48 Y 5 M 12 D/M	Received	: 16/Nov/2024 03:15PM
UHID/MR No	: CANN.0000243038	Reported	: 16/Nov/2024 05:08PM
Visit ID	: CANNOPV432048	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: RAJESH PMC		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:CAG241103334

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05



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APOLLO CLINICS NETWORK

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.8	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4963.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3694.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	413.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

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NOTE/ COMMENT : Please correlate clinically.



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Visit ID : CANNOPV432048	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RAJESH PMC	

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Consultant Pathologist

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UHID/MR No : CANN.0000243038	Reported : 16/Nov/2024 03:51PM
Visit ID : CANNOPV432048	Status : Final Report
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Emp/Auth/TPA ID : RAJESH PMC	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	128	mg/dL	70-100	HEXOKINASE

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:

- 1.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.
2. 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
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	20	U/L	<50	UV with P5P

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL CHOLESTEROL , SERUM	204	mg/dL	<200	CHO-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	16.00	mg/dL	17-43	GLDH, Kinetic Assay

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.81	mg/dL	0.72 – 1.18	JAFFE METHOD



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:CAG241103333

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Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

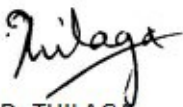
ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.017		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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.

Page 6 of 7



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DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

*** End Of Report ***

Result/s to Follow:
STOOL ROUTINE EXAMINATION



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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.



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UHID	: CANN.0000243038	OP Visit No.	: CANNOPV432048
Printed On	: 16-11-2024 12:04 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: RAJESH PMC		

DEPARTMENT OF CARDIOLOGY

Observation :-

Heart rate is 102 beats per minutes.

Impression:

SINUS TACHYCARDIA.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN
MBBS., MRCP, AB, MBA
63907
Cardiology

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UHID	: CANN.0000243038	OP Visit No.	: CANNOPV432048
Printed On	: 16-11-2024 01:35 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: RAJESH PMC		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Bilateral prominent bronchovascular markings

Rest of lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

-For clinical correlation.

---End Of The Report---



Dr. PRAVEENA T
MBBS, DMRD, FAGE
72064
Radiology

Name: Rajesh Kumar M.
 Occupation: _____
 Age: 48 Sex: Male Female
 Address: _____
 Ph: _____

Date: 16/02/20 Reg. No: 243038
 Ref. Physician: _____
 Copies to: _____

REPORT ON OPHTHALMIC EXAMINATION

History: Existing of cataracts since past 5 years

Present Complaint: Reading + 1.50 M6 only

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		
N.V. :	<u>6/6</u>	<u>6/6</u>
Visual Fields :		
Fundus :	<u>N8</u>	<u>N8</u>
Impression :		
Advice :	<u>Free</u>	<u>Free</u>
Colour Vision :	<u>N</u>	<u>N</u>

Sarav
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Apollo Clinic

CONSENT FORM

Patient Name: M. Rajesh Kumar Age: 48.

UHID Number: 24 3038 Company Name: Arcofen

I Mr/Mrs/Ms Rajesh Kumar Employee of Arcofen

(Company) Want to inform you that I am not interested in getting Spool.

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

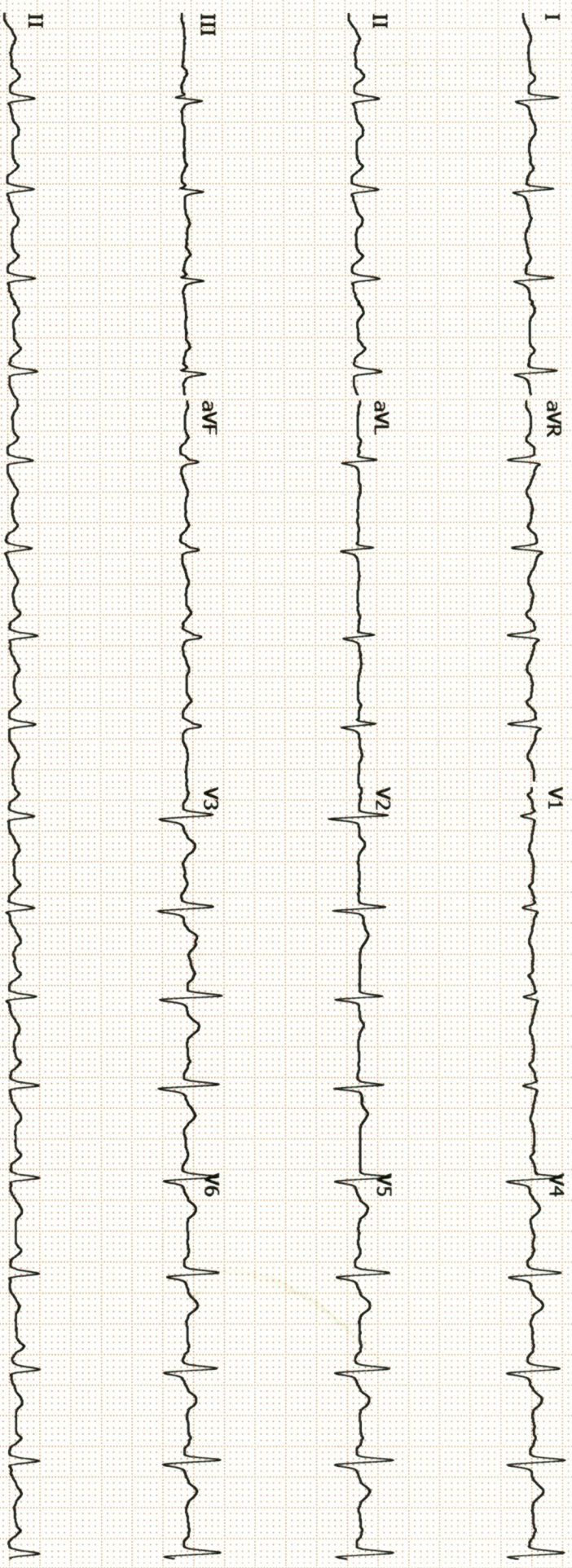
Date: 16/11/20

Apollo Medical Centre
No.30, F-Block, 2nd Avenue,
Anna Nagar East Chennai-600 102
PH: 2620 6666 2622 4505
Toll No: 1800 500 7788

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

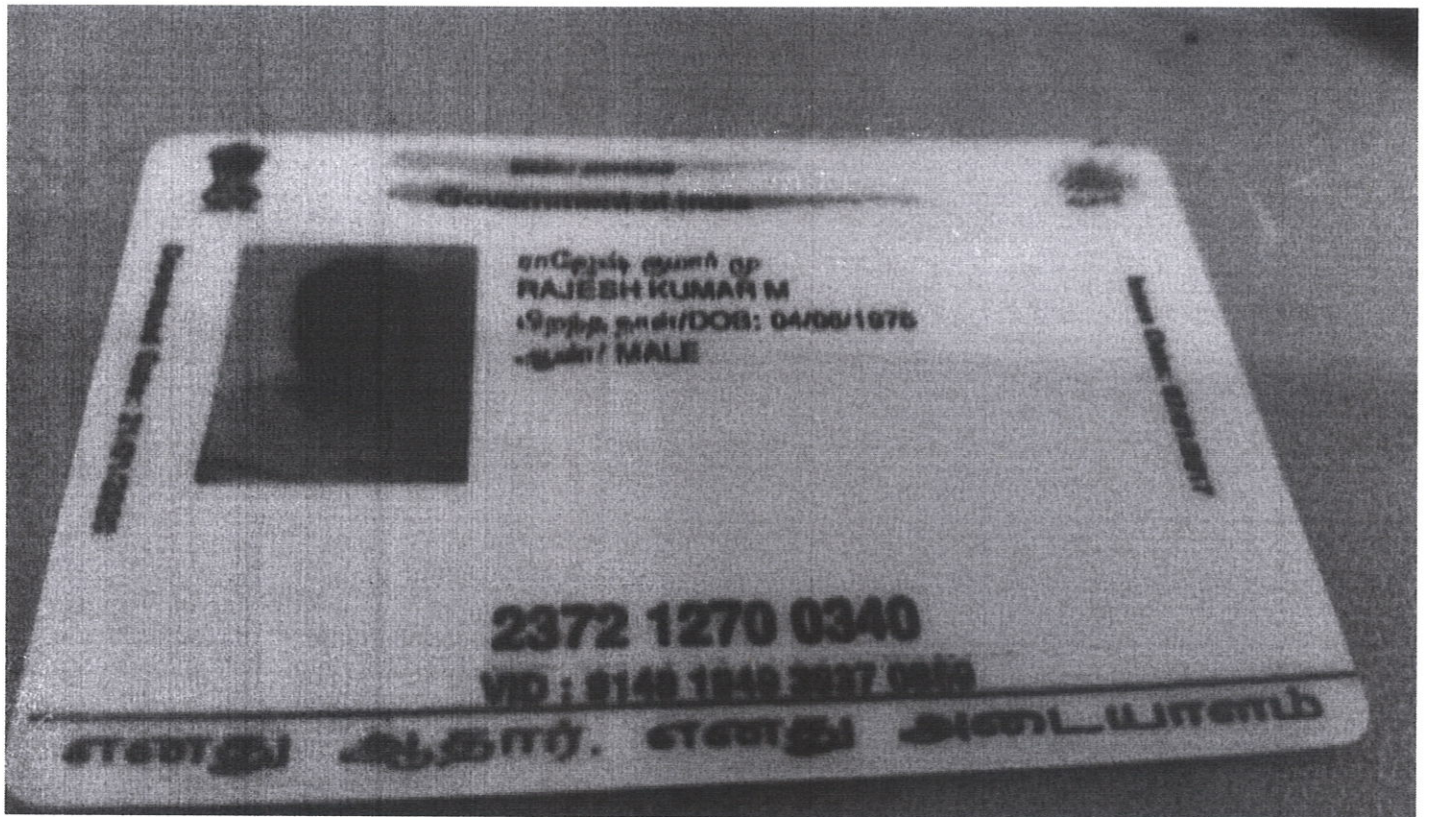
QRS : 92 ms
QT / QTcBaz : 340 / 443 ms
PR : 158 ms
P : 118 ms
RR / PP : 588 / 588 ms
P / QRS / T : 60 / 63 / 52 degrees

Handwritten signature
Dr



E MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed



रजेश

CANN- 243038

OCR- 108327

CERTIFICATE OF MEDICAL FITNESS

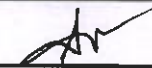
This is to certify that I have conducted the clinical examination

of Mr. M. Rajesh Kumar on 16/11/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit for Employment. 	✓
<p>Fit with restrictions/recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	

 **Apollo Medical Centre**
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-26234505, Mobile: 7358392880
Toll No - 1860 500 7788

Dr. 
Medical Officer
The Apollo Clinic, (Location)

Dr. ANUSHA ARUMUGAM, MBBS
Apollo Family Physician
Regn. No.: 109929

Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Thu 11/14/2024 10:59 AM

To network@mediwheel.in <network@mediwheel.in>

Cc Annanagar Apolloclinic <annanagar@apolloclinic.com>; Haranath S <haranath.s@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear Rajesh Kumar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-11-16** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,
ANNANAGAR EAST,CHENNAI - 600102.**

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic