

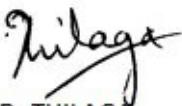
|                 |                   |              |                               |
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| Ref Doctor      | : Self            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 36E2404         |              |                               |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

|                |   |
|----------------|---|
| METHODOLOGY    | : Microscopic   |
| RBC MORPHOLOGY | : Mild anisocytosis, microcytic hypochromic RBC's admixed with 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  |
| NOTE/COMMENT   | : Please correlate clinically.  |



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

SIN No:CAG241102576

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324**

| Test Name                                   | Result        | Unit          | Bio. Ref. Interval | Method                         |
|---|---------------|---------------|--------------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |               |               |                    |                                |
| <b>HAEMOGLOBIN</b>                          | <b>11.4</b>   | g/dL          | 12-15              | Spectrophotometer              |
| PCV   | <b>34.80</b>  | %             | 36-46              | Electronic pulse & Calculation |
| RBC COUNT                                   | 4.66          | Million/cu.mm | 3.8-4.8            | Electrical Impedance           |
| MCV   | <b>74.6</b>   | fL            | 83-101             | Calculated                     |
| MCH   | <b>24.6</b>   | pg            | 27-32              | Calculated                     |
| MCHC  | 32.9          | g/dL          | 31.5-34.5          | Calculated                     |
| R.D.W                                       | <b>16.5</b>   | %             | 11.6-14            | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 5,600         | cells/cu.mm   | 4000-10000         | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |               |               |                    |                                |
| NEUTROPHILS                                 | 52.9          | %             | 40-80              | Electrical Impedance           |
| LYMPHOCYTES                                 | 38.2          | %             | 20-40              | Electrical Impedance           |
| EOSINOPHILS                                 | 2.6           | %             | 1-6                | Electrical Impedance           |
| MONOCYTES                                   | 5.9           | %             | 2-10               | Electrical Impedance           |
| BASOPHILS                                   | 0.4           | %             | <1-2               | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |               |               |                    |                                |
| NEUTROPHILS                                 | 2962.4        | Cells/cu.mm   | 2000-7000          | Calculated                     |
| LYMPHOCYTES                                 | 2139.2        | Cells/cu.mm   | 1000-3000          | Calculated                     |
| EOSINOPHILS                                 | 145.6         | Cells/cu.mm   | 20-500             | Calculated                     |
| MONOCYTES                                   | 330.4         | Cells/cu.mm   | 200-1000           | Calculated                     |
| BASOPHILS                                   | 22.4          | Cells/cu.mm   | 0-100              | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 1.38          |               | 0.78- 3.53         | Calculated                     |
| <b>PLATELET COUNT</b>                       | <b>434000</b> | cells/cu.mm   | 150000-410000      | Electrical impedance           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | <b>22</b>     | mm/hour       | 0-20               | Capillary photometry           |
| <b>PERIPHERAL SMEAR</b>                     |               |               |                    |                                |

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic

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DEPARTMENT OF HAEMATOLOGY

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

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WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



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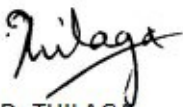
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - 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  | B        |      |                    | 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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324**

| Test Name                     | Result | Unit  | Bio. Ref. Interval | Method     |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 93     | 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     |
|--|--------|-------|--------------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 76     | mg/dL | 70-140             | HEXOKINASE |

**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.

| Test Name                | Result | Unit | Bio. Ref. Interval | Method      |
|--------------------------|--------|------|--------------------|-------------|
| ALANINE AMINOTRANSFERASE | 12     | U/L  | <50                | UV with P5P |

Page 5 of 10



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M.D.(Biochemistry)



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324**

(ALT/SGPT) , SERUM

| Test Name                       | Result      | Unit  | Bio. Ref. Interval | Method |
|---------------------------------|-------------|-------|--------------------|--------|
| <b>BILIRUBIN, TOTAL , SERUM</b> | <b>0.29</b> | mg/dL | 0.3–1.2            | DPD    |



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324**

| Test Name                           | Result      | Unit  | Bio. Ref. Interval | Method       |
|-------------------------------------|-------------|-------|--------------------|--------------|
| <b>BUN/CREATININE RATIO , SERUM</b> |             |       |                    |              |
| BLOOD UREA NITROGEN                 | 8.9         | mg/dL | 8.0 - 23.0         | Calculated   |
| CREATININE                          | <b>0.59</b> | mg/dL | 0.72 – 1.18        | JAFFE METHOD |
| BUN / CREATININE RATIO              | 15.05       |       |                    | Calculated   |



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| CREATININE , SERUM | 0.59   | mg/dL | 0.72 – 1.18        | JAFFE METHOD |



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**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



|                               |  |
|-------------------------------|--|
| Patient Name : Ms.KAMALAM A K | Collected : 14/Nov/2024 10:16AM            |
| Age/Gender : 43 Y 3 M 1 D/F   | Received : 14/Nov/2024 03:47PM             |
| UHID/MR No : CANN.0000242945  | Reported : 14/Nov/2024 04:37PM             |
| Visit ID : CANNOPV431618      | Status : Final Report                      |
| Ref Doctor : Self             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 36E2404     |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK I - 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           | Scattering of light              |
| TRANSPARENCY   | CLEAR       |      | CLEAR                 | Scattering of light              |
| pH   | 5.5         |      | 5-7.5                 | Bromothymol Blue                 |
| SP. GRAVITY  | 1.008       |      | 1.002-1.030           | Bromothymol Blue                 |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                       |                                  |
| 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                   |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                       |                                  |
| PUS CELLS  | 1           | /hpf | 0-5                   | Automated Image based microscopy |
| EPITHELIAL CELLS                                     | 2           | /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.



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



SIN No:CAG241102575

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 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05

**1860 500 7788**  
www.apolloclinic.com

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

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



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



SIN No: CAG241102575

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|              |                       |                     |                     |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Ms. KAMALAM A K     | Age                 | : 43Yrs 3Mths 2Days |
| UHID         | : CANN.0000242945     | OP Visit No.        | : CANNOPV431618     |
| Printed On   | : 14-11-2024 01:11 PM | Advised/Pres Doctor | : --                |
| Department   | : Radiology           | Qualification       | : --                |
| Referred By  | : Self                | Registration No.    | : --                |
| Employeer Id | : 36E2404             |                     |                     |

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA VIEW**

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.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---

Dr. PRAVEENA T  
MBBS, DMRD, FAGE  
72064  
Radiology



---

|              |                       |                     |                     |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Ms. KAMALAM A K     | Age                 | : 43Yrs 3Mths 4Days |
| UHID         | : CANN.0000242945     | OP Visit No.        | : CANNOPV431618     |
| Printed On   | : 16-11-2024 11:50 AM | Advised/Pres Doctor | : --                |
| Department   | : Cardiology          | Qualification       | : --                |
| Referred By  | : Self                | Registration No.    | : --                |
| Employer Id  | : 36E2404             |                     |                     |

---

**DEPARTMENT OF CARDIOLOGY**

---

**ECG Report**

**Observation :-**

**Heart rate is 75 beats per minutes.**

**Impression:**

**POOR R WAVE PROGRESSION  
NON SPECIFIC ST-T WAVE CHANGES  
SINUS ARRHYTHMIA**

---End Of The Report---

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

CANN-242945  
OCR-108218

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

KAMALAM A K  
KUPPUSWAMY ALLAPAN

13/08/1981  
Permanent Account Number  
AOEPK9273K

Signature

17052005

*[Handwritten signature]*

Name: Ms. Kamalam A.K  
 Occupation: .....  
 Age: 43 Sex: Male  Female   
 Address: .....  
 .....Ph: .....

Date: 14/1/20 Reg. No: 242945  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Present Complaint:

Regular checkup

**ON EXAMINATION:**

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

A.K

---

**Fwd: Health Check up Booking Confirmed Request(36E2404),Package Code-, Beneficiary Code-323054**

---

**From** Kamalam Kuppuswamy <kamalam.aks@gmail.com>  
**Date** Thu 11/14/2024 10:07 AM  
**To** Annanagar Apolloclinic <annanagar@apolloclinic.com>

Hi,

As requested.

Regards  
Kamalam

Sent from my iPhone

Begin forwarded message:

**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** 9 November 2024 at 4:32:46 PM IST  
**To:** kamalam.aks@gmail.com  
**Cc:** customercare@mediwheel.in  
**Subject: Health Check up Booking Confirmed Request(36E2404),Package Code-, Beneficiary Code-323054**

**011-41195959**

Dear **Kamalam Kuppuswamy**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Pre-employment Health Checkup H

**Name of Diagnostic/Hospital** : Apollo Clinic - Anna Nagar

**Address of Diagnostic/Hospital-** : 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012



**City** : Chennai  
**State** : Tamil Nadu  
**Pincode** : 600012  
**Appointment Date** : 14-11-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 08:30 AM - 09:00 AM  
**Booking Status** : Booking Confirmed

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| Kamalam Kuppuswamy | 43 year | Male   |

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this

message.

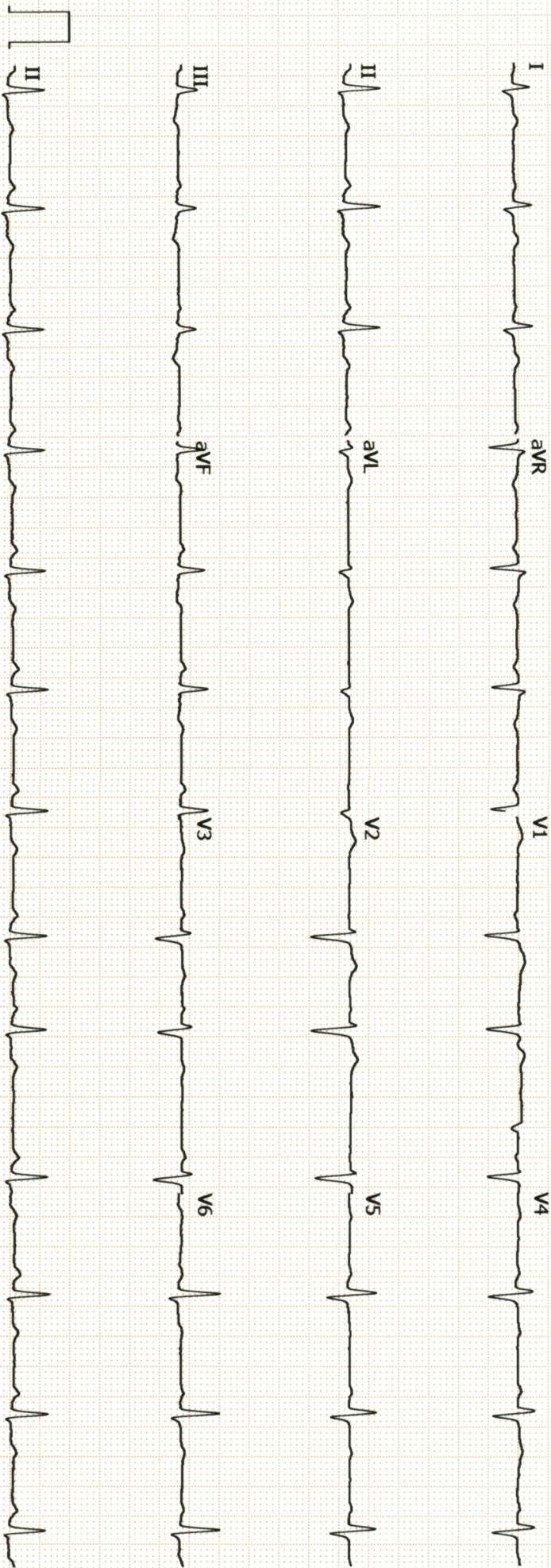
Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 348 / 388 ms  
PR : 146 ms  
P : 98 ms  
RR / PP : 798 / 800 ms  
P / QRS / T : 55 / 74 / 26 degrees



*Handwritten notes:*  
NDR  
PRP P.  
non specific ST-T  
changes as seen in  
CHF



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Karalam, A.K on 14/11/24

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

|  | Tick                     |
|--|--------------------------|
| <ul style="list-style-type: none"> <li>• Medically Fit for Employment.</li> </ul>  | <input type="checkbox"/> |
| <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. <u>microcytic Hypochromic RBCs</u></p> <p>2. <u>mcv ↓ Hb ↓ Pft ↑</u></p> <p>3. <u>E.CG → P.PWP</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>2DECHO, Sr. Iron Studies</u></p> | ✓                        |
| <ul style="list-style-type: none"> <li>• Currently Unfit.<br/>Review after _____ recommended</li> <li>• Unfit</li> </ul>   | <input type="checkbox"/> |

Dr. VIGNESH R. N, MBBS, DNB  
Apollo Family Physician  
Reg. No. 125615

Dr. [Signature]  
Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*