





: Mr.RAGHU H KEMBHAVI Patient Name

Age/Gender : 23 Y 3 M 3 D/M UHID/MR No : CJPN.0000098645 Visit ID : CJPNOPV210441

Ref Doctor : Self : 12 Emp/Auth/TPA ID

Collected : 24/Oct/2024 10:26AM Received : 24/Oct/2024 12:19PM

Reported : 24/Oct/2024 02:00PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Status

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.7	g/dL	13-17	Spectrophotometer
PCV	48.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	46.8	%	40-80	Electrical Impedance
LYMPHOCYTES	42	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3650.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3276	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	429	Cells/cu.mm	20-500	Calculated
MONOCYTES	429	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.11		0.78- 3.53	Calculated
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westegren method

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology)

PERIPHERAL SMEAR

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

AND LIFSTYLE LIMITED- RRL BANGALORE

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,

Page 1 of 8











: Mr.RAGHU H KEMBHAVI

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 8

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) [™]Consultant Pathologist

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

AND LIFSTYLE LIMITED- RRL BANGALORE

Apono Carlo Beautiful Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,









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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	В		1	Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology)

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

AND LIFSTYLE LIMITED- RRL BANGALORE

[™]Consultant Pathologist

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,

Page 3 of 8

1860 500 www.apolloclinic.com







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: 24/Oct/2024 01:02PM : 24/Oct/2024 09:23PM

: 24/Oct/2024 09:41PM

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	108	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)	120	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

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.

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry M.B.B.S, M.D(Pathology) Consultant Pathologist

Page 4 of 8



this test has been performed at apollo health and lifstyle limited- \mbox{RRL} bangalore $SIN\ No:JPR241002590$

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

Apollo Health and Lifestyle Limited of the Apollo Health & Pifestyle Ltd, RRL BANG Afficiency Laboratory Main Road,









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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	12	U/L	<50	IFCC

Page 5 of 8



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

THISTNEST HAS PERIO 4910 02 1973 AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.42	mg/dL	0.3–1.2	DPD
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM	nooun		2101 11011 111101 141	oou
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.06	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
BUN / CREATININE RATIO	9.48			Calculated
Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	1.06	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 6 of 8



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE SIN No:JPR241002573

Apollo Health and ifestive Limited Collo Uffel of 172000 15315819 Ltd. RRL BANG 324/100/RF, Joahn Grad, Neeladri Main Road, Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telanganai - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Y		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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 ***

Result/s to Follow:

Page 7 of 8

Dr.Rajalakshmi D M.B.B.S,M.D Consultant Pathologist

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology)

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTI Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN- 0031101020000PLC113019) www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777. Fax No: 4904 7744 | In See I has been performed at Apollo Health & Lifestyle Ltd, RRL BANGATORE Laboratory

323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,









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DEPARTMENT OF CLINICAL PATHOLOGY

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

PERIPHERAL SMEAR

Dr.Rajalakshmi D M.B.B.S,M.D Consultant Pathologist

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology)

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTI Consultant Pathologist

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Page 8 of 8







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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting 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 parrticulars 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.Rajalakshmi D M.B.B.S,M.D Consultant Pathologist

r. Vidya Aniket Gore M.B.B.S,M.D(Pathology) THIS TEST HAS BEEN PERFORMED AT APOLLO HEALT! Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN

RegSPNCeN_091406245606 323/100/123, Doddathangur Villawww.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLIO EL LES LAS Deen performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,









: Mr. Raghu H Kembhavi Name

Age: 23Y 3M 3D

Plan

Address : J P Nagar Bangalore Karnataka INDIA 560078

: ARCOFEMI MEDIWHEEL PMC CREDIT PAN

INDIA OP AGREEMENT

sex : Male

UHID: CJPN.0000098645

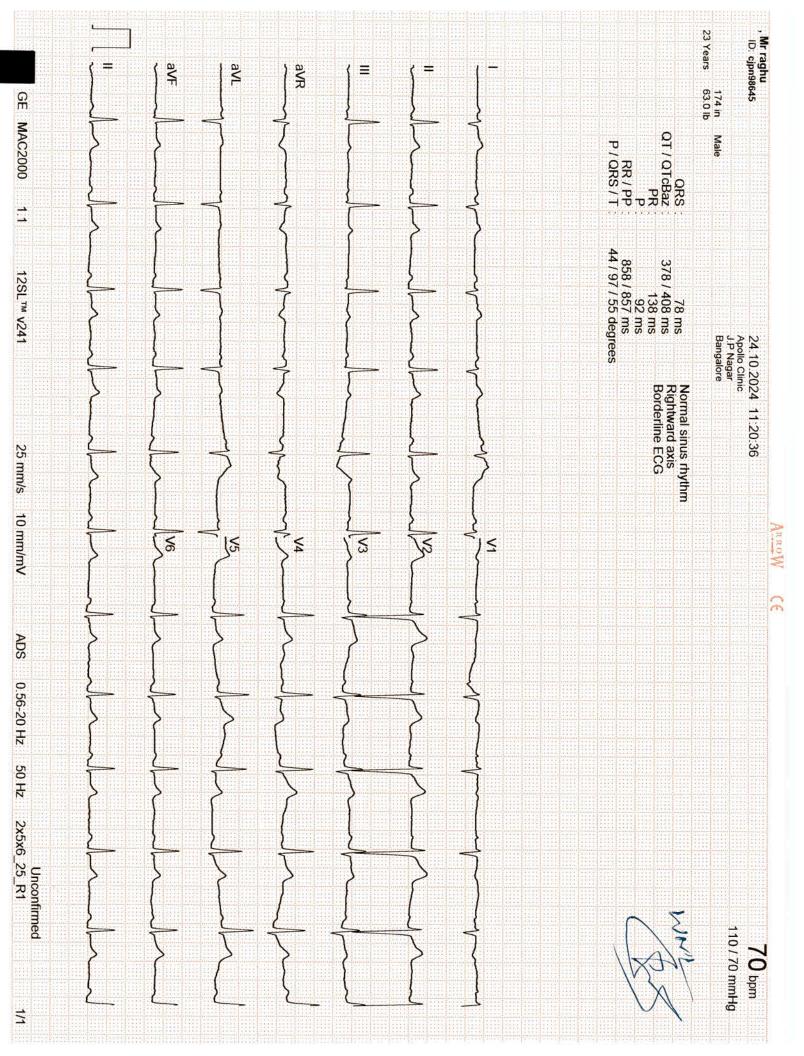
OP No: CJPNOPV210441 Bill No: CJPN-OCR-75617 Date: Oct 24th, 2024, 10:21 AM

		Date: Oct 24th, 2021, 101211111
Sno.	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324	
X	COMPLETE URINE EXAMINATION	Clinical Pathology
12	BILIRUBIN, TOTAL - SERUM	Biochemistry
/3	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry
4	FITNESS BY GENERAL PHYSICIAN	Consultation
5	X-RAY CHEST PA _ C.	X Ray Radiology
6	BLOOD GROUP ABO AND RH FACTOR	Blood Bank
7	ECG — I	Cardiology
8	CREATININE, SERUM	Biochemistry
9	BUN/CREATININE RATIO	Biochemistry
10	A STATE OF THE PROPERTY AND A MOURE (BOST MEAL) 19:10	Biochemistry
11	GLUCOSE, FASTING	Biochemistry
	OPTHAL BY GENERAL PHYSICIAN - TYONT ONL	Consultation
13	HEMOGRAM + PERIPHERAL SMEAR	Haematology
14		Haematology

Dental-15 Physio-4 Djet-18

Weght-63.4kg -HePqut-174cm BP-

Apollo Health and Lifestyle Limited
(CIN - UBS110TG2000PLC115819)
(CIN - UBS110TG2000PLC115819)
(Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana, Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, Ph No: 040-4904 7777, Fax No: 4904 7744



10/23/24, 3.41 FIV

Your appointment is confirmed

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

Date Tue 10/22/2024 4:40 PM

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

Cc JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; Parijatha hn <Parijatha.hn@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear Raghu H Kembhavi,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at JPNAGAR clinic on 2024-10-23 at 08:00-08:15.

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
of Ragher H. Kernbhari on 224/10/24	
After reviewing the medical history and on clinical examination it has been found that he/she is	
	Tick
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	
Review afterrecommended	
• Unfit	
Dr. M.P. Shiva Kuz De P	
Consultant - Medical Officer Mob: 9739553	_

This certificate is not meant for medico-legal purposes

KMC - 24348



Name! Raghe 4 Kembhewi Af! 23

Height :	Weight:	BMI:	Waist Circum :	
Temp :	Pulse :	Resp:	B.P:	

General Examination / Allergies History

Clinical Diagnosis & Management Plan

un: e/c Nx m: e/c Nx Coler wiston fit Normal

Follow up date: of our out of

or Signature



: Mr. Raghu H Kembhavi

UHID

: CJPN.0000098645

: 25-10-2024 12:04 PM

Printed On Department

: Radiology

Referred By

: Self

Employeer Id

: 12

Age

: 23Yrs 3Mths 6Days

OP Visit No.

: CJPNOPV210441

Advised/Pres Doctor : --

Qualification

: --

Registration No.

DEPARTMENT OF RADIOLOGY

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

For clinical correlation.

---End Of The Report---

Dr. ABID HUSSAIN GULLENPET MBBS, DMRD, FRCR 26066

Radiology