



Name : Mr. MOHAMMAD QAMAR ALAM

Age: 28 Y

UHID: SCHI.0000024468

Address : DELHI

Sex: M



Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT

OP Number: SCHIOPV37511

Bill No : SCHI-OCR-12574

Date : 03.10.2024 10:18

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324	
1	BILIRUBIN, TOTAL - SERUM ✓	
2	GLUCOSE, FASTING ✓	
3	HEMOGRAM + PERIPHERAL SMEAR ✓	
4	ALANINE AMINOTRANSFERASE (ALT/SGPT) SERUM ✓	
5	COMPLETE URINE EXAMINATION ✓	
6	PERIPHERAL SMEAR ✓	
7	ECG ✓	
8	CREATININE, SERUM ✓	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ <i>130 mg</i>	
10	X-RAY CHEST PA ✓	
11	FITNESS BY GENERAL PHYSICIAN ✓	
12	BLOOD GROUP ABO AND RH FACTOR ✓	
13	OPHTHAL BY GENERAL PHYSICIAN ✓	
14	BUN/CREATININE RATIO ✓	

Height: 156
 Weight: 47.5 kg
 B.P: 120/80
 Pulse: 72/min
 SP02: 99

Sub_order	Order_Id	Client Name	Patient Name	Email	Agreement
603976	602787	ARCOFEMI HEALTH	Mohammad Qamar Alam	A network@mediwl	ARCOFEMI

आयकर विभाग

INCOME TAX DEPARTMENT

MOHAMMAD QAMAR ALAM

MOHAMMAD NASIM

05/06/1996

Permanent Account Number

BPHPA0867G

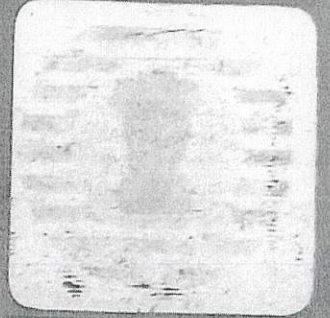
Moh. Qamar Alam

Signature



भारत सरकार

GOVT. OF INDIA



8

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mohammed Omar on 3/10

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

	Tick
<input checked="" type="checkbox"/> Medically Fit	✓
<input type="checkbox"/> Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. <u>Repeat lab tests</u> 2. _____ 3. _____ However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
<input type="checkbox"/> Currently Unfit. Review after _____ recommended	
<input type="checkbox"/> Unfit	

Dr. Me
 Medical Officer
 The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

Pre - Employment Medical Check - up Status report

Date: 3/10

This is to certify that Mr. /Ms. /Mrs. Mohd Asmar

age 28 M/F, pre-employment medical check-up on

3/10 is declared medically FIT /UNFIT

for duties.

C. K. Reddy

Dr. Navneet Kaur

(Medical Officer)



PRE - EMPLOYMENT EXAMINATION

Name - Mohd Arman Age / Sex - 28y/m Date - 3/10/23
MRN: 24468 Company's Name:
Significant History: Rest H/O of Pulmonary Tuberculosis

General Physical Examination

Height: 156 Weight: 47.5 BP: 120/80
Pulse: 72/m Pallor: No Temp: 37.2
Edema: No Cyanosis: No L.N.: Nil
JVP: Nil
Jaundice: No Other:

Respiratory: Clear Cardiovascular: S1S2 (+)
Abdomen: (+)
Ear Examination: (+) CNS: (+)

Findings

Blood Test: Clear
Urine: (+) Stool:
CXR: ECG: ✓

Reports are attached herewith

Recommendation

Final Impression: FIT / UNFIT


(Signature of Consultant)

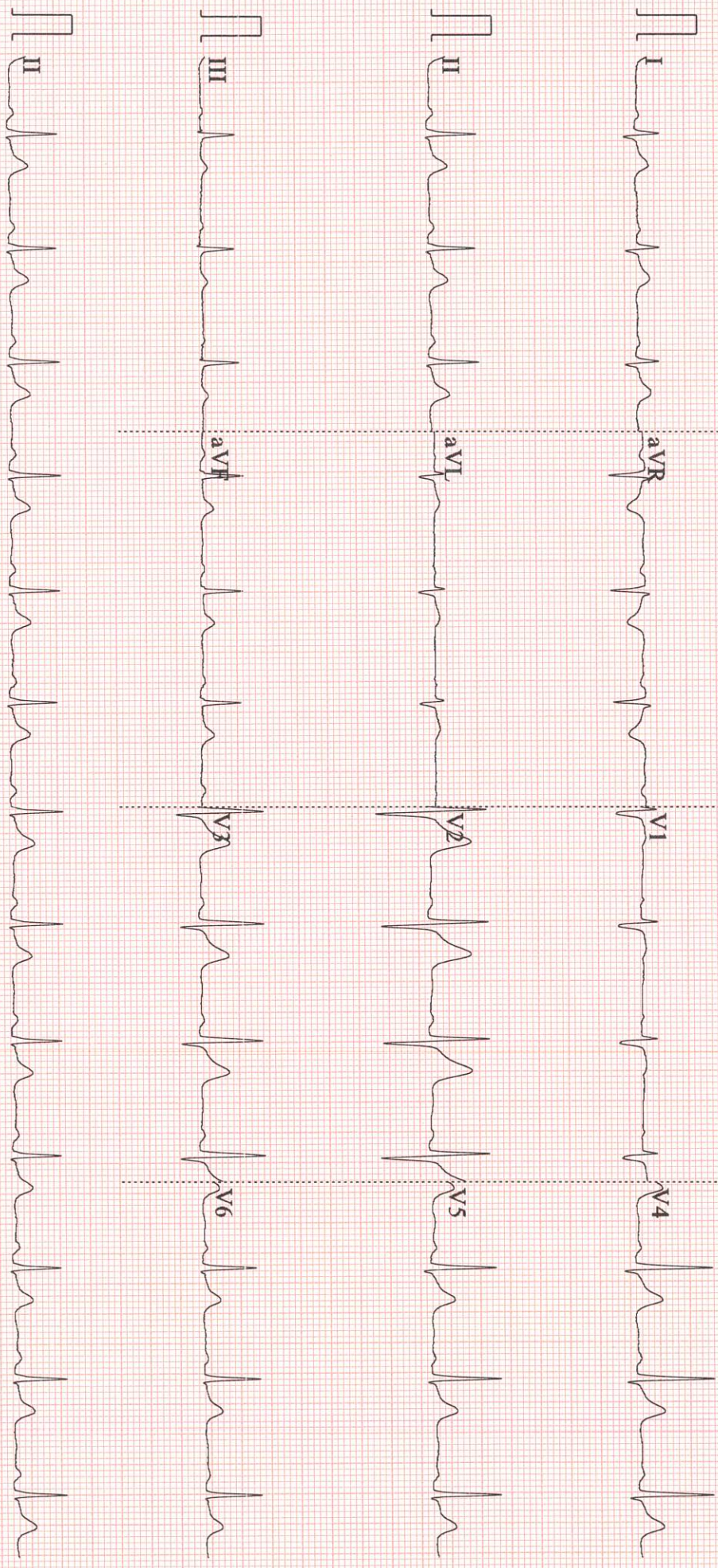
Repeat Tuberculosis

ID: 24468
MOHAMMAD QAMAR ALAM
Male 28Years
Req. No. :

03-10-2024 13:35:17
HR : 79 bpm
P : 90 ms
PR : 144 ms
QRS : 84 ms
QT/QTcBz : 335/385 ms
P/QRS/T : 52/74/49 °
RV5/SV1 : 1.12/1.0.363 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



Mr. Mohammad Qamar Alam

28/11

3/10/24

Eye checkup
 noHo using glass
 noHo systemic disease

$\left. \begin{matrix} 6/6 \\ 6/6 \end{matrix} \right\}$
 $\left. \begin{matrix} 15 \\ 14 \end{matrix} \right\}$
 minuty colour < normal
 B/E

BUV < no Acceptance 6/6 B/E - No

Slit Lamp exam =

A/S normal B/E

Pupil reaction normal B/E

Fundus < well B/E

Danakrishna
3/10/24

DIGITAL X-RAY REPORT

NAME: MOHAMMAD QAMAR	DATE: 03.10.2024
UHID NO : 24468	AGE: 28 YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. DEEPIKA AGARWAL
Consultant Radiologist


Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048

Patient Name : Mr.MOHAMMAD QAMAR ALAM
Age/Gender : 28 Y 3 M 28 D/M
UHID/MR No : SCHI.0000024468
Visit ID : SCHIOPV37511
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 2356895623

Collected : 03/Oct/2024 10:34AM
Received : 03/Oct/2024 10:58AM
Reported : 03/Oct/2024 02:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

.....



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240234765



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.01	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.8	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.9	%	40-80	Electrical Impedance
LYMPHOCYTES	42.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2074.07	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1840.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	73.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	316.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	105000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE REDUCED ON SMEAR.

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DEPARTMENT OF HAEMATOLOGY

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

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Age/Gender	: 28 Y 3 M 28 D/M	Received	: 03/Oct/2024 10:58AM
UHID/MR No	: SCHI.0000024468	Reported	: 03/Oct/2024 07:45PM
Visit ID	: SCHIOPV37511	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 2356895623		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Age/Gender : 28 Y 3 M 28 D/M	Received : 03/Oct/2024 10:58AM
UHID/MR No : SCHI.0000024468	Reported : 03/Oct/2024 02:43PM
Visit ID : SCHIOPV37511	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2356895623	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	GOD - POD

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)	121	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	54	U/L	<50	Visible with P-5-P

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04831989



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UHID/MR No	: SCHI.0000024468	Reported	: 03/Oct/2024 02:43PM
Visit ID	: SCHIOPV37511	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 2356895623		

DEPARTMENT OF BIOCHEMISTRY

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

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.



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Age/Gender	: 28 Y 3 M 28 D/M	Received	: 03/Oct/2024 10:58AM
UHID/MR No	: SCHI.0000024468	Reported	: 03/Oct/2024 12:18PM
Visit ID	: SCHIOPV37511	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 2356895623		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.30	mg/dL	0.20-1.30	DIAZO METHOD



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Visit ID : SCHIOPV37511	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
BUN / CREATININE RATIO	10.28			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase



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Patient Name : Mr.MOHAMMAD QAMAR ALAM	Collected : 03/Oct/2024 10:34AM
Age/Gender : 28 Y 3 M 28 D/M	Received : 03/Oct/2024 02:37PM
UHID/MR No : SCHI.0000024468	Reported : 03/Oct/2024 02:46PM
Visit ID : SCHIOPV37511	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2356895623	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		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	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2415051



Patient Name : Mr.MOHAMMAD QAMAR ALAM
Age/Gender : 28 Y 3 M 28 D/M
UHID/MR No : SCHI.0000024468
Visit ID : SCHIOPV37511
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 2356895623

Collected : 03/Oct/2024 10:34AM
Received : 03/Oct/2024 02:37PM
Reported : 03/Oct/2024 02:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UR2415051

