

Patient Name	: Mr.ASISH KUMAR SWAIN	Collected	: 07/Sep/2024 09:56AM
Age/Gender	: 31 Y 4 M 4 D/M	Received	: 07/Sep/2024 12:04PM
UHID/MR No	: CMAR.0000347400	Reported	: 07/Sep/2024 06:03PM
Visit ID	: CMAROPV858267	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

..



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No: CHI 240901232
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

APOLLO CLINICS NETWORK

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

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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	17.8	g/dL	13-17	Spectrophotometer
PCV	50.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	11.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.1	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	4.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7341.18	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2802.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	129.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	441.98	Cells/cu.mm	200-1000	Calculated
BASOPHILS	64.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.62		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - 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

Result is rechecked. Kindly correlate clinically



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Visit ID : CMAROPV858267	Status : Final Report
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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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-110	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:

- 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.
- 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	88.85	U/L	0-49	IFCC

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.



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



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SIN No: CHE240901231

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL CHOLESTEROL , SERUM	192	mg/dL	0-199	CHE/CHO/POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	16.26	mg/dL	10-50	Urease



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SIN No: CHI 240901231
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	1.01	mg/dL	0.62-1.17	



Dr. Varsha Narayanan
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Consultant Pathologist



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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	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		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	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	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 ***



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



Patient Name	: Mr. ASISH KUMAR SWAIN	Age	: 31Yrs 4Mths 5Days
UHID	: CMAR.0000347400	OP Visit No.	: CMAROPV858267
Printed On	: 07-09-2024 11:46 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

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.

Dr Pramod PV

Consultant Radiologist.

---End Of The Report---

Naveen Kumar K

Dr.NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
85518
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination


of Mr. Ashish Kumar Saini on 02/09/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


 Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Name : Mr. ASISH KUMAR SWAIN Address : Whitefield Bangalore Karnataka INDIA 560066 Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT	Age : 31Y 4M 4D sex : Male	UHID : CMAR.0000347400  <small>CMAR.0000347400</small> OP No: CMAROPV858267 Bill No: CMAR-OCR-128223 Date: Sep 7th, 2024, 9:38 AM
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Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324		
1	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
2	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
3	STOOL ROUTINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
4	ECG - 9	Cardiology	<input type="checkbox"/>
5	X-RAY CHEST PA - 5	X Ray Radiology	<input type="checkbox"/>
6	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
7	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
8	CHOLESTEROL - SERUM / PLASMA	Biochemistry	<input type="checkbox"/>
9	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
10	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry	<input type="checkbox"/>
11	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
12	CREATININE, SERUM	Biochemistry	<input type="checkbox"/>
13	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
14	UREA - SERUM / PLASMA	Biochemistry	<input type="checkbox"/>

Wt = 84kg
 Ht = 167cm
 Bp = 100/66mmHg
 Pulse = 94bpm

Asish K
ID: 347400

31 Years

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

07.09.2024 10:09:36
APOLLO MEDICAL CENTRE
KUNDALAHALLI
BANGALORE

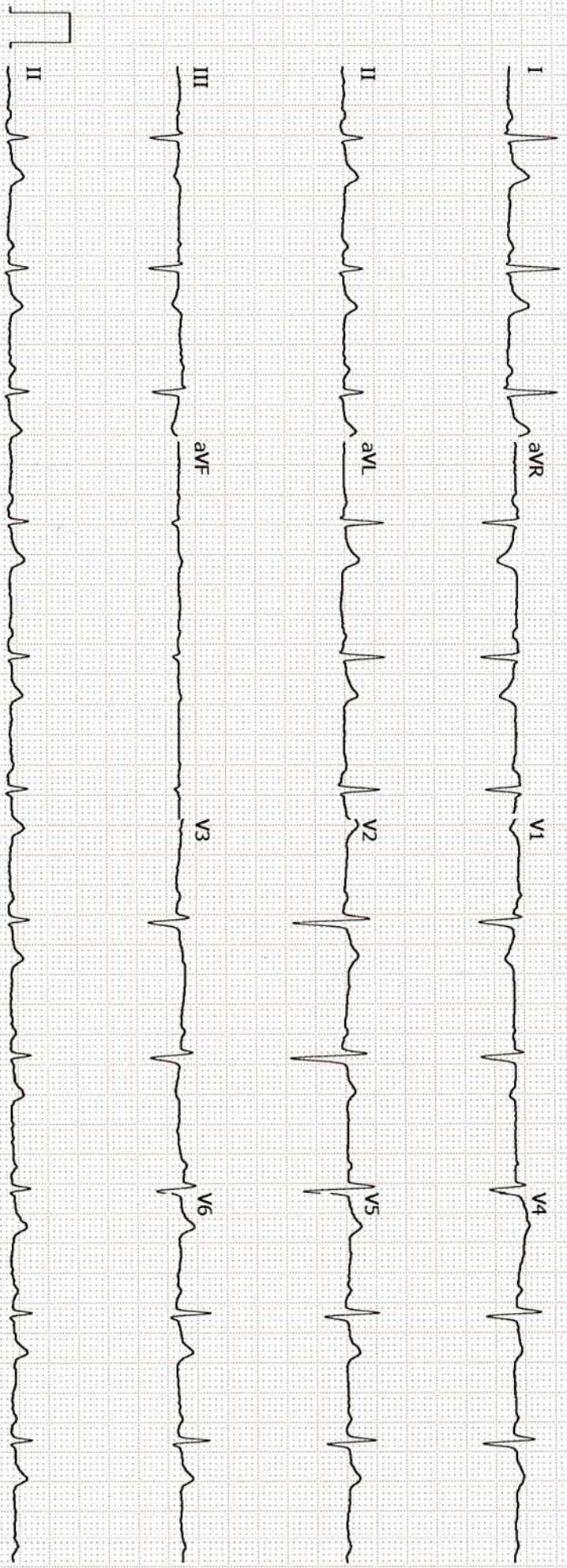
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

69 bpm
-- / -- mmHg



QRS :	94 ms	Normal sinus rhythm
QT / QTcBaz :	384 / 411 ms	Normal ECG
PR :	148 ms	
P :	94 ms	
RR / PP :	868 / 869 ms	
P / QRS / T :	34 / -7 / 8 degrees	



GE 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

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <u>Ashish Kumar Swamy</u>	Date: <u>7/9/24</u>
Employee No:	Sex: <u>M</u>
Age: <u>31</u>	Systemic illness:

Examination	RE	LE
Anterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Vision Distance	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Colour (Ishihara)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Refractive Error	<u>Present/Absent</u>	<u>Present/Absent</u>
New Glass power		
Add Power		
Glass If any	<u>To Continue / Change</u>	<u>To Continue / Change</u>
IOP (mm of Hg)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Posterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Impression	<u>Normal/Refractive Error/Presbyopic BE/Others</u>	

Advice/Comments


Signature of Consultant & Optometrist



Dear Asish Kumar Swain,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI clinic** on **2024-09-07** 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 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: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALLI SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

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



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

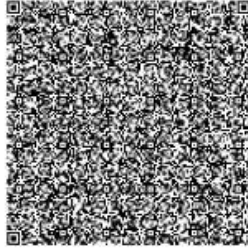
ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 2086/13339/25363

To
 ಶಾಣಿ ಕುಮಾರ್ ಸ್ವಾಮಿ
 Asish Kumar Swain
 S/O Ananda Chandra Swain
 Sendatira
 Sendtira
 Bhadrak Orissa - 756114
 7873769797

Download Date: 10/10/2019

Generation Date: 03/11/2011

Validity unknown



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5834 6553 8078

VID : 9119 2216 5411 5845

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶಾಣಿ ಕುಮಾರ್ ಸ್ವಾಮಿ
 Asish Kumar Swain
 ಜನನ ದಿನಾಂಕ/DOB: 03/05/1993
 ಪುರುಷ/ MALE

5834 6553 8078

VID : 9119 2216 5411 5845

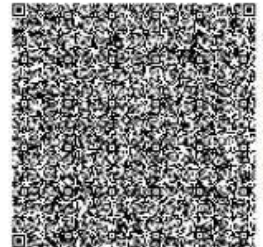
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
 S/O ಶಾಣಿ ಕುಮಾರ್ ಸ್ವಾಮಿ, ಭದ್ರಕ, ಉತ್ತರಾ - 756114

Address:
 S/O Ananda Chandra Swain, Sendatira,
 Bhadrak,
 Orissa - 756114



QR Code with Photograph

5834 6553 8078

VID : 9119 2216 5411 5845



<http://uidai.gov.in>



www.uidai.gov.in

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.
- **Aadhaar** is valid throughout the country.
- **Aadhaar** will be helpful in availing Government and Non-Government services in future.