

• Any disorders of Urinary System? **Y/N** ✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin **Y/N** ✓

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs? **Y/N** ✓

d. Do you have any history of miscarriage/abortion or MTP **Y/N** ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) **Y/N** ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc **NA** **Y/N** ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries? **Y/N** ✓

f. Are you now pregnant? If yes, how many months? **Y/N** ✓

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

- Was the examinee co-operative? **Y/N** ✓
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? **Y/N** ✓
- Are there any points on which you suggest further information be obtained? **Y/N** ✓
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

**FIT**

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : *Dr. Austin Varghees*

Seal of Medical Examiner : **Dr. Austin Varghees**  
**MBBS**  
**TCMC Reg. No:77017**

Name & Seal of DDRC SRL Branch :



Date & Time :

**DDRC agilus Pathlabs Limited.**

Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloore -682017  
Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Sandhya S. Raj</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>06/08/1989</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

### PHYSICAL DETAILS:

a. Height ..... <u>162</u> ..... (cms)	b. Weight ..... <u>70</u> ..... (Kgs)	c. Girth of Abdomen ..... <u>91</u> ..... (cms)
d. Pulse Rate ..... <u>63</u> ..... (/Min)	e. Blood Pressure:	Systolic <u>120</u> Diastolic <u>80</u>
	1 <sup>st</sup> Reading	
	2 <sup>nd</sup> Reading	

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>Somarajan 71 (64)</u>	<u>good</u>	
Mother	<u>Vijayakumari (63)</u>	<u>good</u>	
Brother(s)	<u>Ranjay (31)</u>	<u>good</u>	
Sister(s)	<u>Somya (39)</u>	<u>good</u>	

### HABITS & ADDICTIONS: Does the examinee consume any of the following?

Nil

Tobacco in any form	Sedative	Alcohol

### PERSONAL HISTORY

- |   |   |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <u>Y/N</u> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <u>Y/N</u> |
| b. Have you undergone/been advised any surgical procedure? <u>Y/N</u>   | d. Have you lost or gained weight in past 12 months? <u>Y/N</u>   |


### Have you ever suffered from any of the following?

- |  |   |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <u>Y/N</u> | • Any disorder of Gastrointestinal System? <u>Y/N</u>                               |
| • Any disorders of Respiratory system? <u>Y/N</u>                                    | • Unexplained recurrent or persistent fever, and/or weight loss <u>Y/N</u>          |
| • Any Cardiac or Circulatory Disorders? <u>Y/N</u>                                   | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <u>Y/N</u> |
| • Enlarged glands or any form of Cancer/Tumour? <u>Y/N</u>                           | • Are you presently taking medication of any kind? <u>Y/N</u>                       |
| • Any Musculoskeletal disorder? <u>Y/N</u>   |   |



As per the Annual Medical Health Check up -  
BOB, I am unwilling to do the  
~~stool~~ following examinations:

Stool Examination; TMT - not doing.

Regards  
  
Sandhya S. Ray.



## OPHTHALMOLOGY REPORT

ACCESSION NO: 4036XB001744

This is to certify that I have examined

MR./MS Sandhya S Raj Aged 34 and

His / her visual standard is as follows.

Acuity of Vision

For Far                      R 6/8  
    L 6/6

For Near                    R N-6  
    L N-6

Colour Vision            Normal

DATE 10/02/24



*B. n. d. o.*  
 OPTOMETRIST

R



SANDHYA S RAJ 34Y 6154 F CHEST PA 10-02-2024 10:38 AM  
DDRC AGILUS DIAGNOSTICS.GANDHI NAGAR.KOTTAYAM



**X - RAY CHEST - PA**

ACCESSION NO : 4036XB001744

NAME : SANDHYA S RAJ

AGE : 34

SEX : FEMALE

DATE : 10.02.2024

COMPANY : MEDIWHEEL

EXPOSURE : GOOD

POSITIONING : CENTRAL

SOFT TISSUES : NORMAL

LUNG FIELDS : NORMAL

HEART SHADOW : NORMAL

CARDIOPHRENIC ANGLE : NO OBLITERATION

COSTOPHRENIC ANGLE : NO OBLITERATION

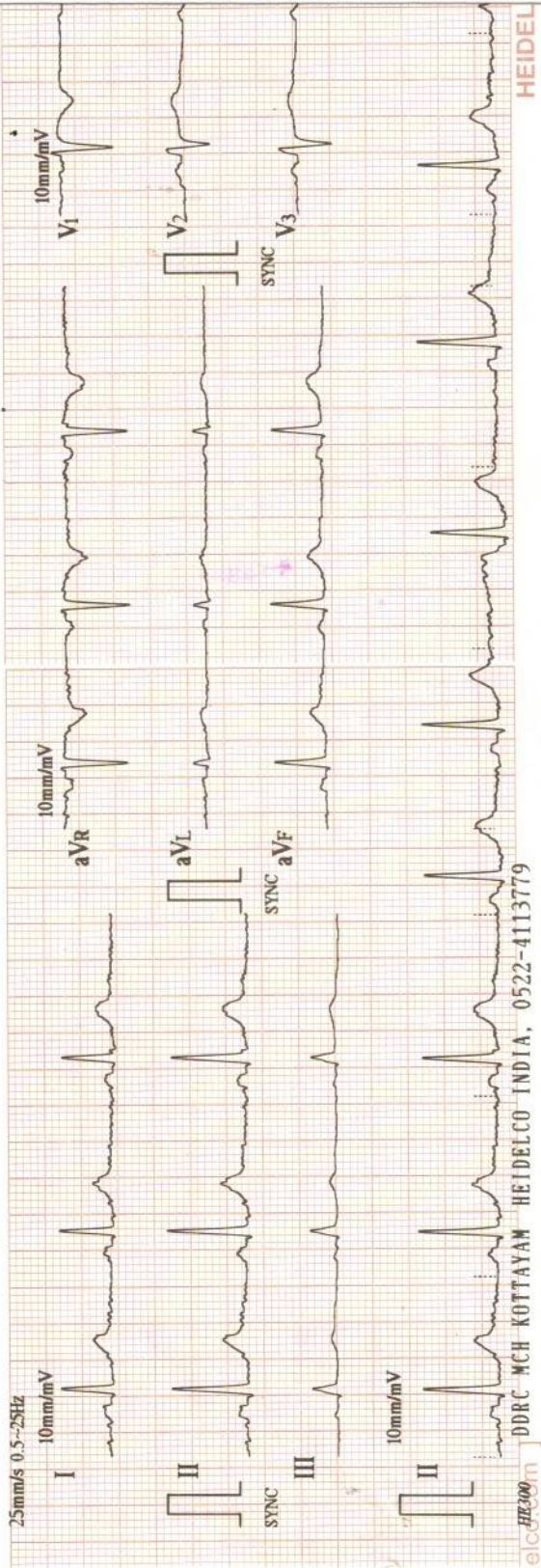
HILUM : NORMAL

OTHERS : NIL

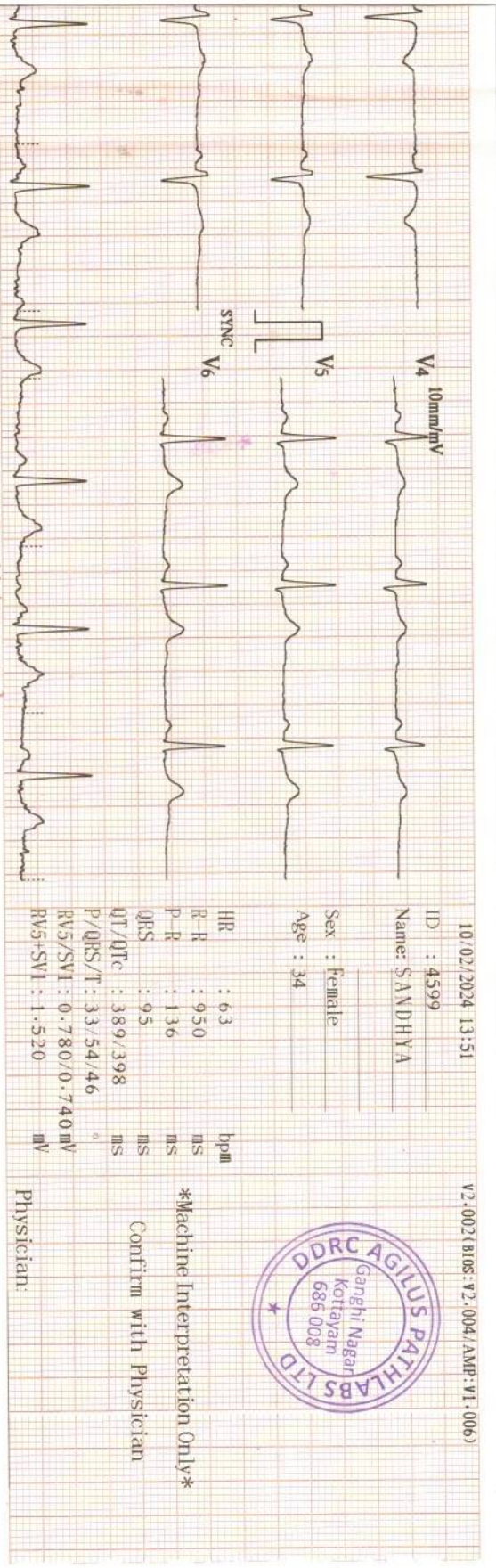
OPINION : NORMAL CHEST X- RAY



*Austin Varghees*  
Dr. Austin Varghees  
MBBS  
TCMC Reg. No:77017







10/02/2024 13:51

ID : 4599

Name: SANDHYA

Sex : Female

Age : 34

HR : 63 bpm  
 R-R : 950 ms  
 P-R : 136 ms  
 QRS : 95 ms  
 QT/QTc : 389/398 ms  
 P/QRS/T : 33/54/46 %  
 RV5/SVI : 0.780/0.740 mV  
 RV5+SVI : 1.520 mV

V2:002 (BIOS: V2:004 /AMP: V1:006)



\*Machine Interpretation Only\*

Confirm with Physician

Physician:



**ECG REPORT**

ACCESSION NO : 4036XB001744  
NAME : SANDHYA S RAJ  
AGE : 34  
SEX : FEMALE  
DATE : 10/02/2024  
COMPANY : MEDIWHEEL

RATE : 63 BPM

RHYTHM : NORMAL SINUS RHYTHM

P. WAVE : NORMAL

P-R INTERVAL : 136 MS

Q,R,S,T . WAVES : NORMAL

AXIS : NORMAL

ARRHYTHMIAS : NIL

QT INTERVAL : 389 MS

OTHERS : NIL

OPINION : NORMAL ECG



**Dr. Austin Varghees**  
MBBS  
TCMC Reg. No:77017