



Name : Mr. MARIJEGAN P  
 PID No. : MED121636504  
 SID No. : 623002100  
 Age / Sex : 33 Year(s) / Male  
 Ref. Dr : MediWheel

Register On : 28/01/2023 9:55 AM  
 Collection On : 28/01/2023 10:37 AM  
 Report On : 28/01/2023 2:37 PM  
 Printed On : 28/01/2023 2:56 PM  
 Type : OP



Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance Variation)	234	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	08.58	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	16	mm/hr	< 15

### BIOCHEMISTRY

BUN / Creatinine Ratio	10.1		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	62.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F) Negative Negative

Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP) 75.2 mg/dL 70 - 140

### INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP) Negative Negative

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) 9.3 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.92 mg/dL 0.9 - 1.3

Uric Acid (Serum/Enzymatic) 4.2 mg/dL 3.5 - 7.2

### Liver Function Test

Bilirubin(Total) (Serum) 0.85 mg/dL 0.1 - 1.2

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.30 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.55 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) 27.1 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase) (Serum) 29.4 U/L 5 - 41

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) 16.9 U/L < 55

*B. Supraja*  
 DR SUPRAJA B MD  
 Consultant Pathologist  
 Reg NO : 95961

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	59.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.61	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.26	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.33		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	207.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.0	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	51.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	140.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	156.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

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Investigation	Observed Value	Unit	Biological Reference Interval
<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	4.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
<b>Triglyceride/HDL Cholesterol Ratio</b> (TG/HDL) (Serum/Calculated)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/Ion exchange HPLC by D10)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Estimated Average Glucose** (Whole Blood) 116.89 mg/dL

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

**IMMUNOASSAY**

**THYROID PROFILE / TFT**

<b>T3 (Triiodothyronine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.11	ng/ml	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.94	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

*B. Supraja*  
 DR SUPRAJA B MD  
 Consultant Pathologist  
 Reg NO : 94961

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	2.01	µIU/mL	0.35 - 5.50

**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values &lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**CLINICAL PATHOLOGY**

Urine Analysis - Routine

Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

Stool Analysis - ROUTINE

Colour (Stool)	Yellow		Brown
Consistency (Stool)	Semi Solid		Semi Solid
Reaction (Stool)	Acidic		Acidic
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent
Ova (Stool)	Nil		NIL

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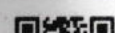


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Cysts (Stool)	Nil		NIL
Pus Cells (Stool)	1-2	/hpf	NIL
RBCs (Stool)	Nil	/hpf	Nil
Epithelial Cells (Stool)	Nil	/hpf	NIL
Trophozoites (Stool)	Nil		NIL
Macrophages (Stool)	Nil		NIL
Others (Stool)	Nil		NIL

-- End of Report --

AGNOSTIC  
ICES OFFERED  
X-RAY + BMD + MA  
HEALTH CHECK  
ion & Other Appoint  
7777 1028  
medall

*B. Supraja*  
DR SUPRAJA B MD  
Consultant Pathologist  
Reg NO : 95961



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Age & Gender	33Y/MALE	Visit Date	28/01/2023
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*Thanks for your reference*

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .**  
**SONOGRAM REPORT**

**WHOLE ABDOMEN**

**Liver:** The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

**Gallbladder:** The gall bladder is normal sized and smooth walled and contains no calculus.

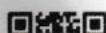
**Pancreas:** The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

**Spleen:** The spleen is normal.

**Kidneys:** The right kidney measures 9.8 x 4.4 cm. Normal architecture. The collecting system is not dilated.  
**Calculus of size 5 mm noted in mid pole of right kidney.**

The left kidney measures 9.7 x 4.6 cm. Normal architecture. The collecting system is not dilated.

**Urinary bladder:** The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.



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**Prostate:** The prostate measures 3.2 x 3.4 x 3.0 cm and is normal sized.  
Corresponds to a weight of about 17.73 gms.  
The echotexture is homogeneous.  
The seminal vesicles are normal.

**RIF:** Iliac fossae are normal.  
No mass or fluid collection is seen in the right iliac fossa.  
The appendix is not visualized.  
There is no free or loculated peritoneal fluid.  
No para aortic lymphadenopathy is seen.

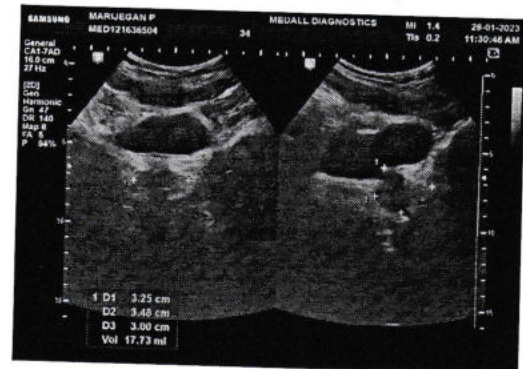
**IMPRESSION:**

- Grade I fatty liver.
- Small right renal calculus.

*J. Vinol*  
**DR. J. VINOLIN NIVETHA, M.D.R.D.,**  
Consultant Radiologist.  
Reg. No: 115999.



<b>Customer Name</b>	<b>MR.MARIJEGAN P</b>	<b>Customer ID</b>	<b>MED121636504</b>
<b>Age &amp; Gender</b>	<b>33Y/MALE</b>	<b>Visit Date</b>	<b>28/01/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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MARIJEGAN P 33 M MED121636504 TEN88360863844 M RT  
MEDALL DIAGNOSTICS

Customer Name	MR. P. MARIJEGAN	Customer ID	MED121636504
Age & Gender	33Y/MALE	Visit Date	28/01/2023
Ref Doctor	MEDIWHEEL.,		

*Thanks for your reference*

**DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.


Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

✓ NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



DR. DANIEL STANLEY PETER, M.D.R.D.,  
Consultant Radiologist  
Reg. No: 82342



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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.6 cm  
 LVID s ... 2.8 cm  
 EF ... 70 %  
 IVS d ... 1.1 cm  
 IVS s ... 1.0 cm  
 LVPW d ... 0.9 cm  
 LVPW s ... 1.5 cm  
 LA ... 2.7 cm  
 AO ... 2.8 cm  
 TAPSE ... 23mm  
 IVC ... 0.9cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

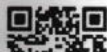
Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

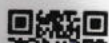
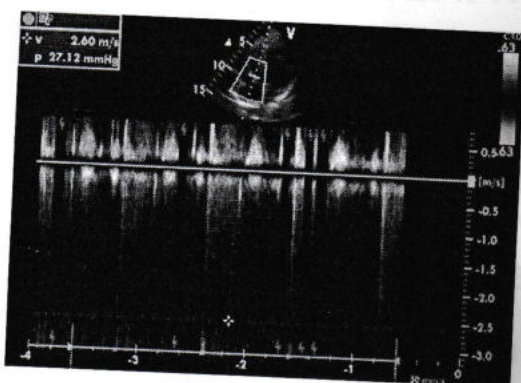
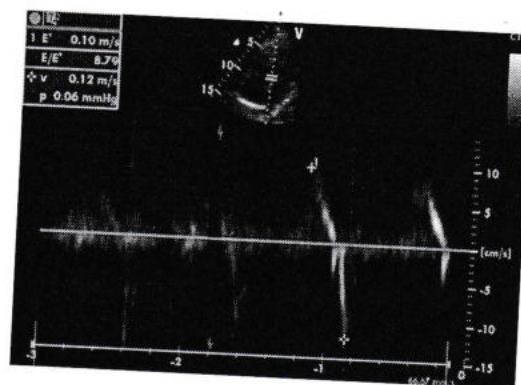
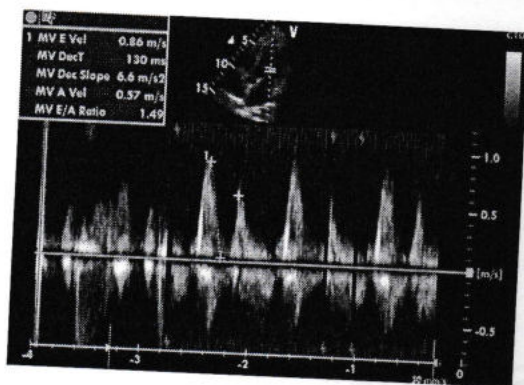
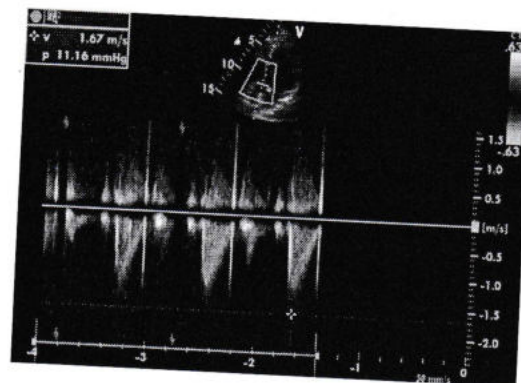
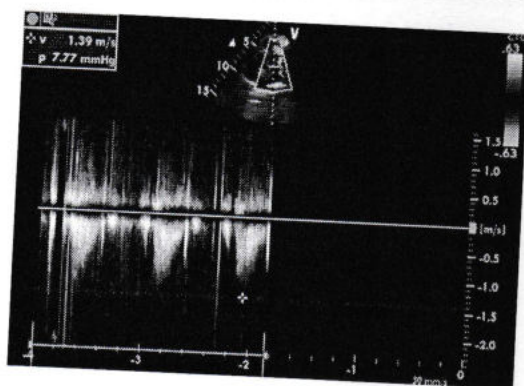
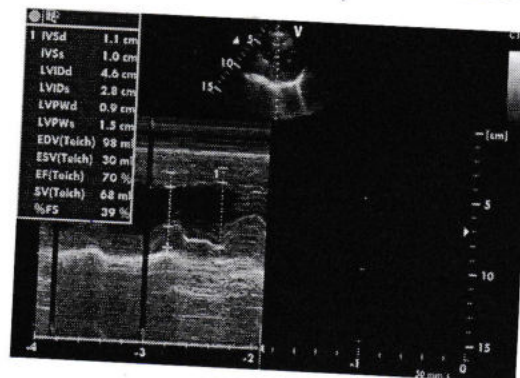
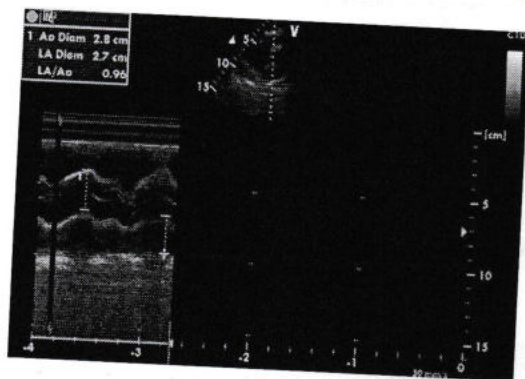
Inter ventricular septum intact.

No pericardial effusion .





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# THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel : 0462 435 6655 / 6622

E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.



## CONSULTANTS :

- Dr. Abiramasundari D
- Dr. Adarsh S Naik
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Ayllette Jude Dsilva
- Dr. Chandra Shekar C.S.
- Dr. Chitra Ramamurthy
- Dr. Gautam Kukadia
- Dr. Girish Reddy G.C.
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hameed Obedulla
- Dr. Hemanth Murthy
- Dr. Hemamalini
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Khalid Lateef
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mohd Shahbaaz
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Nikitha
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
- Dr. Raline Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Dr. Rathinasamy V.
- Dr. Ravi J.
- Dr. Romit Sallian
- Dr. Sagar Basu
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- Dr. Sakthi Rajeswari N.
- Dr. Shreesh Kumar K.
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- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Sumanth
- Dr. Sunitha
- Dr. Sushma Poojary
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi
- Dr. Vishnu Kuppasamy Pounraju

Date: 28/01/23

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Masujegan Age 33/m

Male/Female, our MRNO. 13023926

	OD	OS
Visual Acuity	<u>0.50DS / 0.50PC @ 180 (6/6)</u>	<u>6/6</u>
Near Vision	<u>Nb</u>	<u>Nb</u>
Colour Viison	<u>Normal</u>	<u>Normal</u>
B.S.V	<u>Normal</u>	<u>Normal</u>
Central Fields	<u>Normal</u>	<u>Normal</u>
Anterir Segment	<u>Normal</u>	<u>Normal</u>
Fundus	<u>Normal</u>	<u>Normal</u>

Fit with glasses	<u>Fit</u>	<input checked="" type="checkbox"/>
Fit without glasses		<input type="checkbox"/>
unfit		<input type="checkbox"/>

Medical Consultant,  
The Eye Foundation,  
Tirunelveli.

**Dr. PREETHI.K** MBBS,MS,FMR  
REG. No. 105495  
THE EYE FOUNDATION  
Tirunelveli



# MEDICAL EXAMINATION REPORT

Name  Gender  M /  F Date of Birth

Position Selected For  Identification marks

**A. HISTORY:**

1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Cancer  | <input type="checkbox"/> High Blood Pressure                        |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Depression/ bipolar disorder  | <input type="checkbox"/> High Cholesterol                           |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Migraine Headaches                         |
| <input type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention |   |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes  No  Occasional

5. Smoking : Yes  No  Quit(more than 3 years)

**6. Respiratory Function :**

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

**7. Cardiovascular Function & Physical Activity :**

- a. Exercise Type: (Select 1)
- No Activity
  - Very Light Activity (Seated At Desk, Standing)
  - Light Activity (Walking on level surface, house cleaning)
  - Moderate Activity (Brisk walking, dancing, weeding)
  - Vigrous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes  No

**8. Hearing :**

- a. Do you have history of hearing troubles? Yes  No
- b. Do you experiences ringing in your ears? Yes  No
- c. Do you experience discharge from your ears? Yes  No
- d. Have you ever been diagnosed with industrial deafness? Yes  No

**9. Musculo - Skeletal History**

- |                                  |  |                              |  |
|----------------------------------|--|------------------------------|--|
| a. Neck :                        | Have you ever injured or experienced pain? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back :                        | If Yes ; approximate date (MM/YYYY)        |                              |  |
| c. Shoulder, Elbow, Writs, Hands | Consulted a medical professional ?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs     | Resulted in time of work?                  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                  | Surgery Required ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                  | Ongoing Problems ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**10. Function History**

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
  - Walking : Yes  No       •Kneeling : Yes  No       •Squatting : Yes  No
  - Climbing : Yes  No       •Sitting : Yes  No
  - Standing : Yes  No       •Bending : Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

**B: CLINICAL EXAMINATION :**

a. Height       b. Weight       Blood Pressure  mmhg

Chest measurements:      a. Normal       b. Expanded

Waist Circumference       Ear, Nose & Throat

Skin       Respiratory System

Vision       Nervous System

Circulatory System       Genito- urinary System

Gastro-intestinal System       Colour Vision

*pulse: 86*

Discuss Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray	<input type="text" value="—"/>	ECG	<input type="text" value="—"/>
Complete Blood Count	<input type="text" value="—"/>	Urine routine	<input type="text" value="—"/>
Serum cholesterol	<input type="text" value="—"/>	Blood sugar	<input type="text" value="—"/>
Blood Group	<input type="text" value="—"/>	S.Creatinine	<input type="text" value="—"/>

**D. CONCLUSION :**

Any further investigations required

Any precautions suggested

**E. FITNESS CERTIFICATION**

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_

\_\_\_\_\_ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 28.01.23

*[Signature]*  
 Signature of Medical Adviser  
**Dr.S. MANIKANDAN, M.D.,D.M.,(Cardio)**  
 64785 Consultant Cardiologist