

Customer Name	MRS.JOSEPH ANTONY STEFFINA	Customer ID	MED121727126
Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
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.

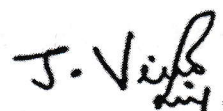
Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

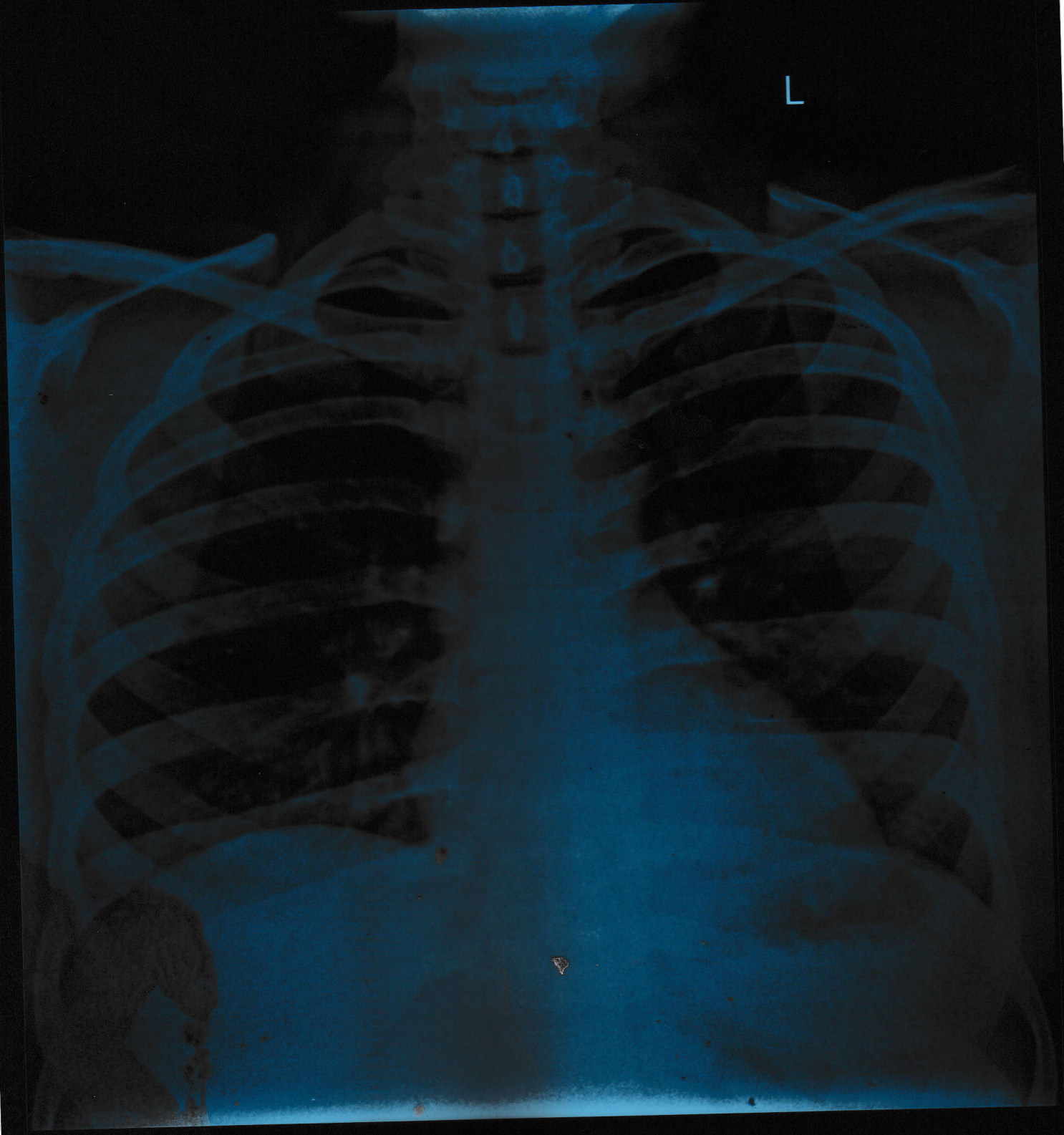
Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

❖ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



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



JOSEPH ANTONY STEFFINA 32 F MED121727126 TEN88738563844 F RT 3/11/2023

**MEDALL DIAGNOSTICS**

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

**WHOLE ABDOMEN**

**Liver:** The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

**Gallbladder:** The gall bladder is contracted.

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

**Spleen:** The spleen is normal.

**Kidneys:** The right kidney measures 9.5 x 4.4 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 10.0 x 5.3 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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**Uterus:** The uterus is anteverted, and measures 7.7 x 4.5 x 3.5 cm.  
Myometrial echoes are homogeneous.  
The endometrium is central and normal measures 9mm in thickness.

**Ovaries:** The right ovary measure 2.6 x 2.1 cm.  
The left ovary measures 2.3 x 2.1 cm.  
No significant mass or cyst is seen in the ovaries.  
Parametria are free.

**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 :**

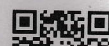
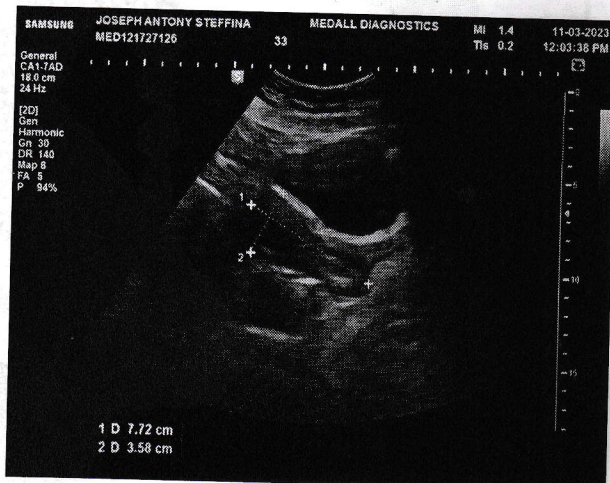
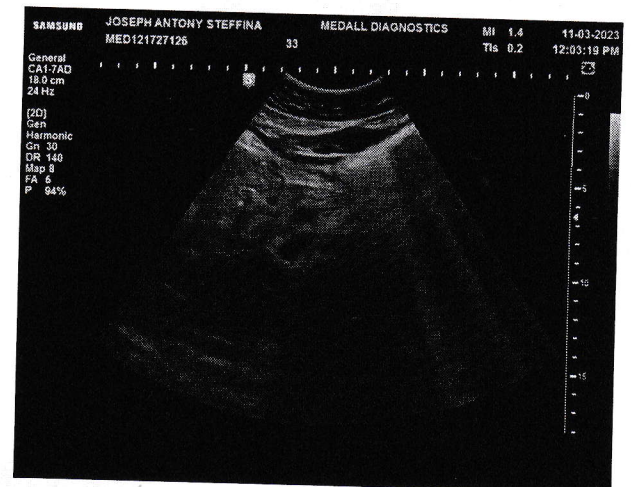
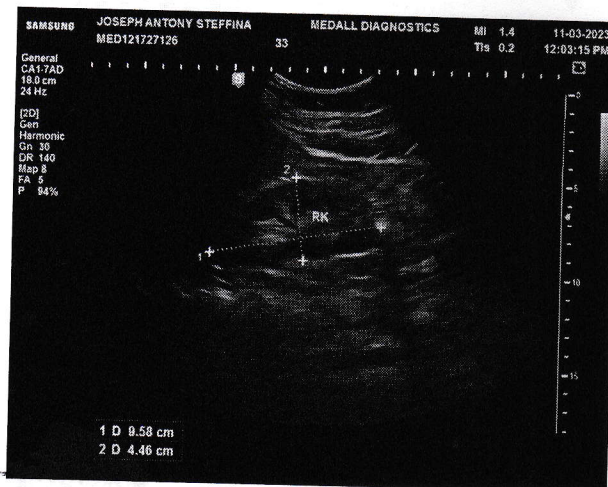
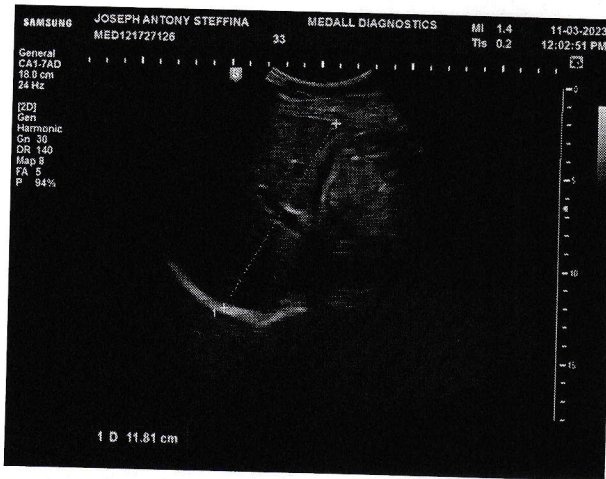
➤ No significant abnormality.



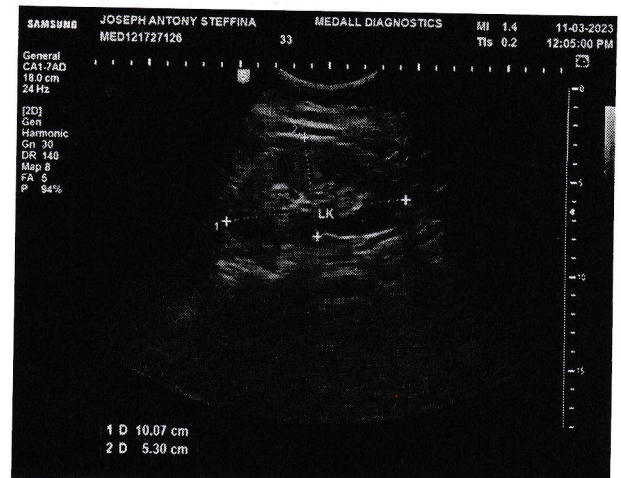
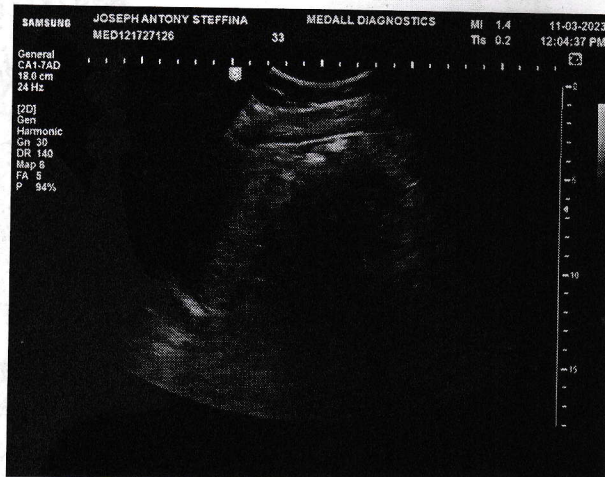
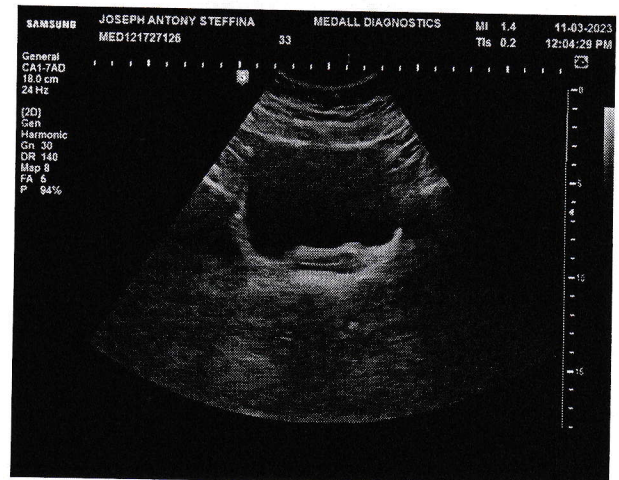
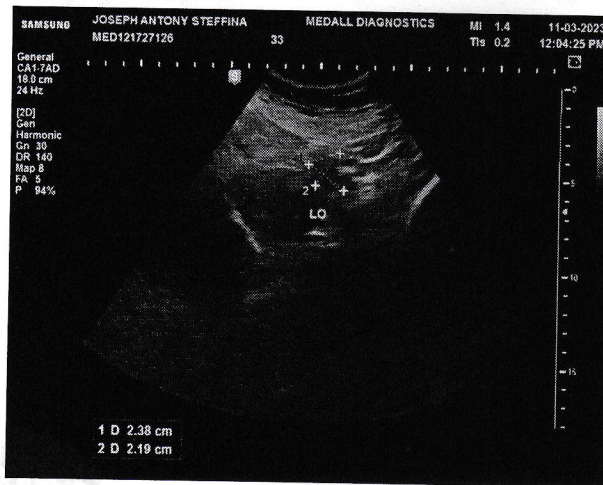
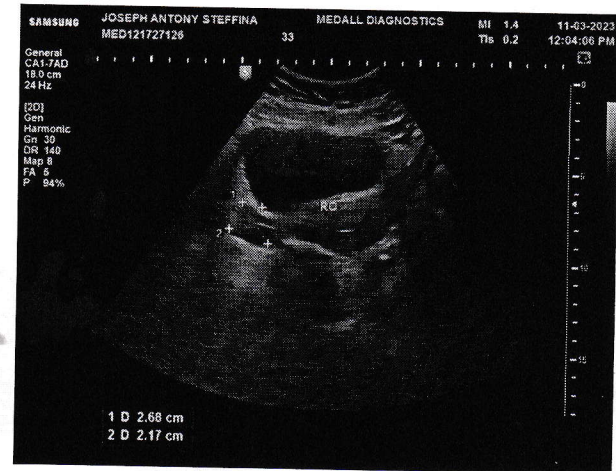
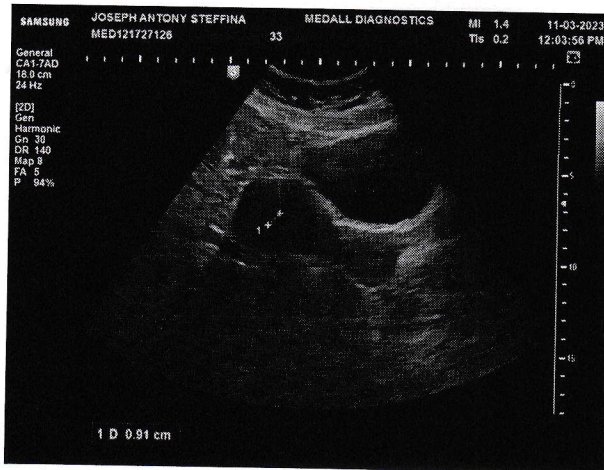
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# THE EYE FOUNDATION

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.

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- Dr. Gopinathan G.S
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- Dr. Nagesh
- Dr. Nikitha
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Shyam
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- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi
- Vishnu Kuppasamy Pounraju

Date: 11/03/2022

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Joseph Antony Steffina Age 32/F

Male/Female, our MRNO 13026247

	OD	OS
Visual Acuity	+1.25 D.C. X 6/6	+0.75 D.C. X 1.80 6/6
Near Vision	NB	NB
Colour Vision	Normal	Normal
B.S.V	Normal	Normal
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Fit with glasses	✓
Fit without glasses	-
unfit	-

Medical Consultant,  
The Eye Foundation,  
Tirunelveli.

**Dr. PATIL SANDIP DATTATRAY**  
MBBS, M.S. (OPHTHAL)  
REG. No : G 59864  
THE EYE FOUNDATION  
TIRUNELVELI.

HR 69 bpm

Interpretation:  
 R/S inversion area between V1 and V2  
 probably normal ECG

unconfirmed report.

< P  
 < T  
 < QRS  
 aVL 0 I  
 aUR  
 III +90 II  
 aVF

94 ms  
 402 / 432 ms  
 158 ms  
 114 ms  
 868 / 860 ms  
 30 / 40 / 30 degrees  
 30 / 32 ms  
 1.4 mV  
 10

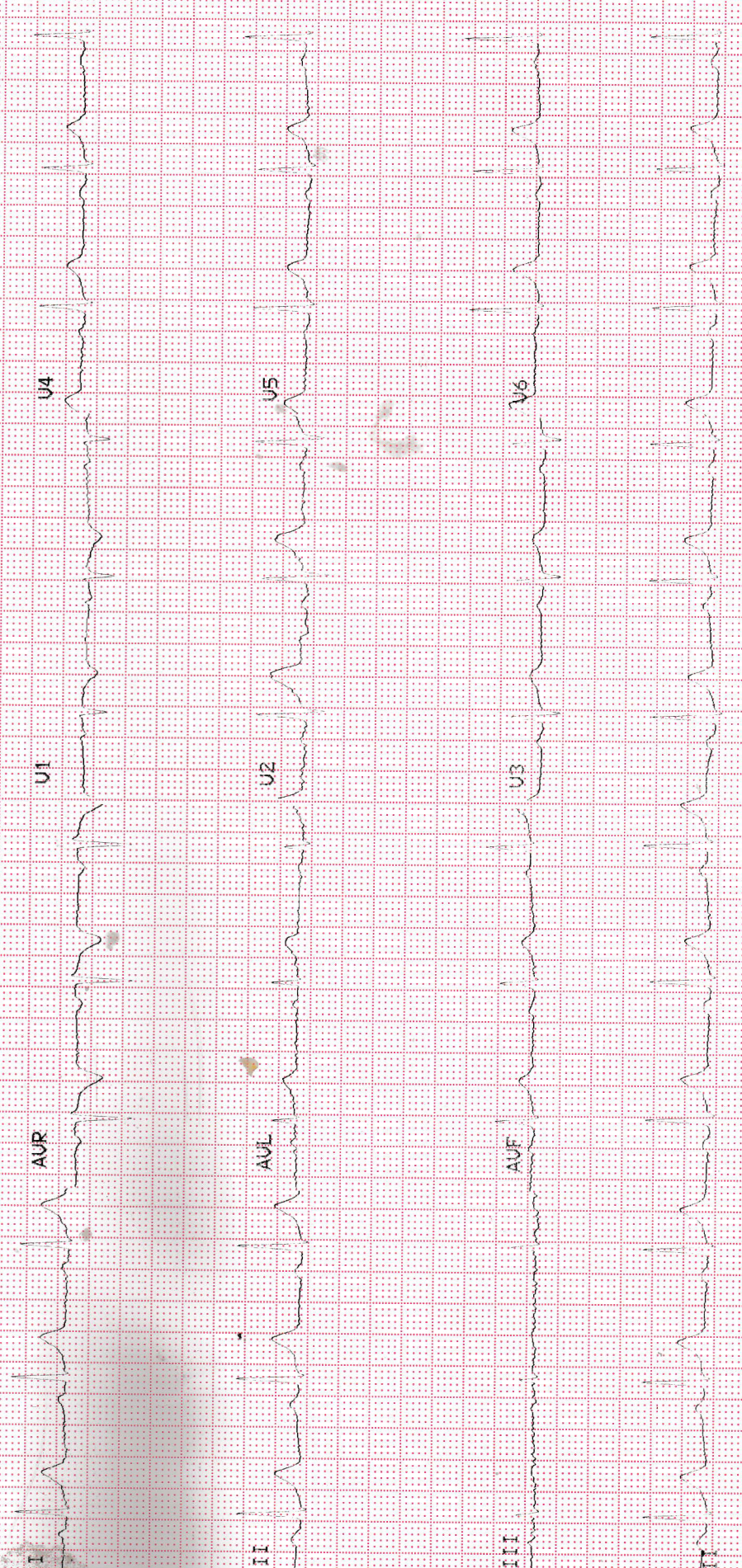
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< P  
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 aVF





# MEDICAL EXAMINATION REPORT

Name JOSÉPH ANTONY STEFFINA 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 conditions? (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)
  - Vigorous 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  No
- b. Back : If Yes ; approximate date (MM/YYYY) Yes  No
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes  No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes  No
- Surgery Required ? Yes  No
- Ongoing Problems ? Yes  No

**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
  - Climbing : Yes  No
  - Standing : Yes  No
  - Kneeling : Yes  No
  - Sitting : Yes  No
  - Bending : Yes  No
  - Squatting : 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 Pulse: 76

Chest measurements: a. Normal  b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

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 : 16-3-23

*dm*  
 Signature of Medical Adviser  
**Dr.S. MANIKANDAN, M.D., D.M., (Cardio)**