: Mrs. NEETHU M

PID No.

: MED120786597

SID No.

: 622003153

Age / Sex Ref. Dr

: 29 Year(s) / Female

: MEDIASSISTHEALTHCARESERVICESPRIVATELI MITED----CORPORATE

Collection On

09/02/2022 9:25 AM

Register On

09/02/2022 9:54 AM

Report On

09/02/2022 3:55 PM

Printed On

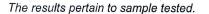
: 14/02/2022 11:39 AM

Type

: OP

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
<u>IMMUNOHAEMATOLOGY</u>			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'B' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR	Acres.		
Haemoglobin (Blood/Spectrophotometry)	09.82	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	32.00	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.48	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	71.43	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	21,93	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	30.70	g/dL	32 - 36
RDW-CV(Derived from Impedance)	15.6	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	39.00	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	64.90	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	25.90	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	07.40	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	01.50	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.30	%	00 - 02
INTERPRETATION: Tests done on Automated I microscopically.	Five Part cell counter. Al	l abnormal resu	lts are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.87	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.94	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.56	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.11	10^3 / μl	< 1.0





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Ref. Dr

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Type

OP

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	345	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	08.83	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	100	mm/hr	< 20
BIOCHEMISTRY			
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	134.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

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

Diabetic: >= 126

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)

186.3

mg/dL

70 - 140

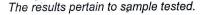
INTERPRETATION:

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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.2	mg/dL	7.0 - 21	
Creatinine (Serum/Modified Jaffe)	0.74	mg/dL	0.6 - 1.1	
Uric Acid (Serum/Enzymatic)	3.7	mg/dL	2.6 - 6.0	
Liver Function Test				
Bilirubin(Total) (Serum)	0.40	mg/dL	0.1 - 1.2	
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3	
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0	
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.1	U/L	5 - 40	
SGPT/ALT (Alanine Aminotransferase) (Serum)	15.7	U/L	5 - 41	
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	9.7	U/L	< 38	
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.4	U/L	42 - 98	
Total Protein (Serum/Biuret)	7.70	gm/dl	6.0 - 8.0	
Albumin (Serum/Bromocresol green)	4.00	gm/dl	3.5 - 5.2	

B. Suprajo DR SUPRAJA B MD Consultant Pathologist Reg NO: 95961

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Name : Mrs. NEETHU M

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Report On

14/02/2022 11:59 AM

Age / Sex Ref. Dr : 29 Year(s) / Female

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14/02/2022 12:04 PM

f. Dr : MEDIASSISTHEALTHCARESERVICESPRIVATELI
MITED----CORPORATE

Type

: OP

Investigation Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	Observed Value 0.02	<u>Unit</u> 10^3 / μΙ	Biological Reference Interval < 0.2
Platelet Count (Blood/Impedance Variation) MPV (Blood/Derived from Impedance) PCT(Automated Blood cell Counter) ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	345 08.83 0.30 100	10^3 / µl fL % mm/hr	150 - 450 8.0 - 13.3 0.18 - 0.28
BIOCHEMISTRY Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	134.8	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)

186.3

mg/dL

70 - 140

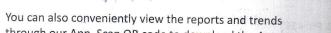
INTERPRETATION:

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)	9.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe) Uric Acid (Serum/Enzymatic) Liver Function Test	0.74 3.7	mg/dL mg/dL	0.6 - 1.1 2.6 - 6.0
Bilirubin(Total) (Serum) Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.40 0.14	mg/dL mg/dL	0.1 - 1.2 0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived) SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	0.26 13.1	mg/dL U/L	0.1 - 1.0 5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	15.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	9.7	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.4	U/L	42 - 98

B. Supraja DR SUPRAJA B MI Consultant Pathologist Reg NO: 95961

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The results pertain to sample tested.

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Ref. Dr

MEDIASSISTHEALTHCARESERVICESPRIVATELI

14/02/2022 11:39 AM

MITED----CORPORATE

Type

OP

Investigation	Observed Val	ue <u>Unit</u>	Biological Reference Interval
Globulin (Serum/Derived)	3.70	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.08		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	188.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	57.1	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)	66.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	110.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 '
VLDL Cholesterol (Serum/Calculated)	11.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	122.1	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.

Total Cholesterol/HDL	- Ch	oleste	erol	Ratio
(Serum/Calculated)				

2.8

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

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)

0.9

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

Consultant Pathologist Reg NO: 95961

The results pertain to sample tested.

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Type

Investigation

Calculated)

Observed Value 1.7

7.3

Unit

Biological Reference Interval

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

LDL/HDL Cholesterol Ratio (Serum/

Glycosylated Haemoglobin (HbA1c) HbA1C (Whole Blood/Ion exchange HPLC by

D10)

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)

162.81

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.

<u>IMMUNOASSAY</u>

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/

0.98

ng/ml

0.7 - 2.04

Chemiluminescent Immunometric Assay (CLIA))

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.

T4 (Tyroxine) - Total (Serum/

Chemiluminescent Immunometric Assay

12.46

0.20

µg/dl

4.2 - 12.0

(CLIA)) 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.

TSH (Thyroid Stimulating Hormone) (Serum

The results pertain to sample tested.

/Chemiluminescent Immunometric Assay (CLIA))

µIU/mL

0.35 - 5.50



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You can also conveniently view the reports and trends



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14/02/2022 11:39 AM

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Investigation

Observed Value

Unit

Biological Reference Interval

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

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

Urino	Anal	weie	- Po	utine

Colour (Urine) Appearance (Urine) Pale yellow

Yellow to Amber

Clear

Negative

Clear

Protein (Urine) Glucose (Urine) Negative Negative

Negative

Pus Cells (Urine)

0-1

/hpf

NIL

Epithelial Cells (Urine)

1-2

/hpf

/hpf

NIL NIL

RBCs (Urine)

Nil

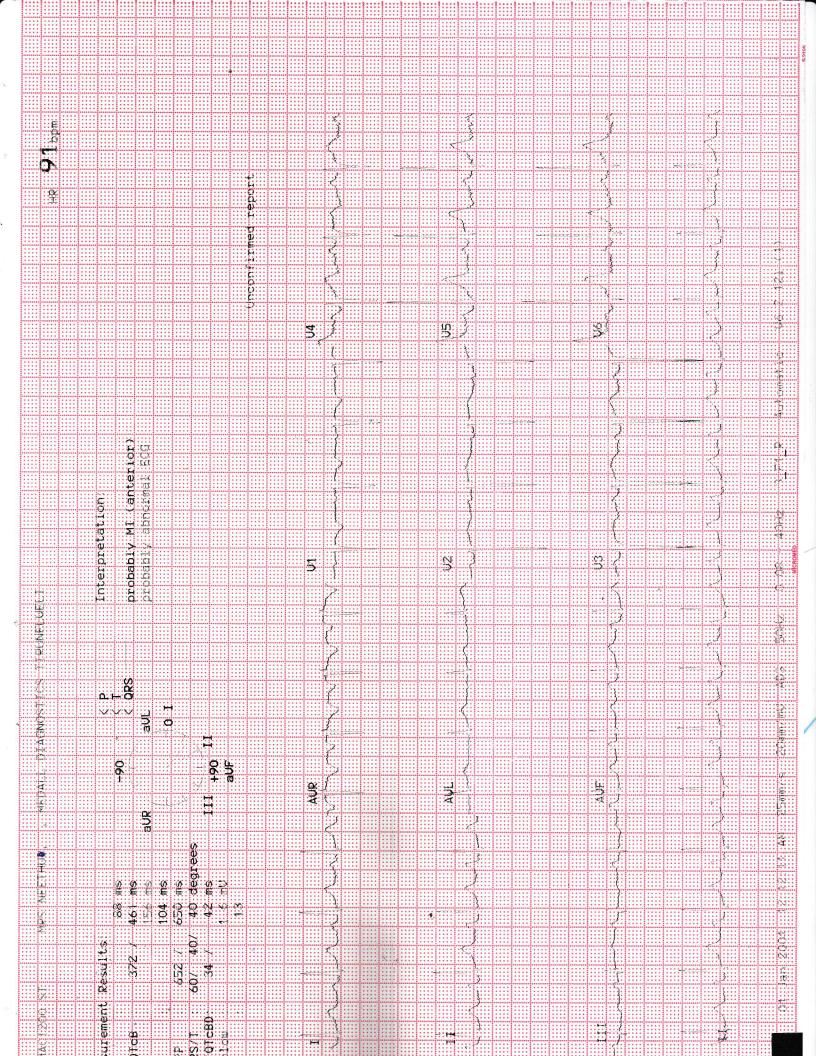
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The results pertain to sample tested.





Customer Name	MRS.NEETHU M	Customer ID	MED120786597
Age & Gender	29Y/FEMALE	Visit Date	09/02/2022
Ref Doctor	MEDIASSISTHEALTHCARESERVI	THEALTHCARESERVICESPRIVATELIMITEDCORPORATE	

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

... 4.1 cm LVID d LVID s ... 2.3cm ... 74% EF IVS ...0.5cm ... 0.8cm IVS s ... 0.8cm LVPW d LVPW s ... 1.3cm ... 2.7cm LA ... 2.4cm AO **TAPSE** ... 20mm

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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Doppler:

Mitral valve : E: 0.70m/s A:

A: 0.51m/s

E/A Ratio: 1.37

E/E: 9.32

Aortic valve: AV Jet velocity: 1.15 m/s

Tricuspid valve: TV Jet velocity: 1.74 m/s

TRPG: 12.15 mmHg.

Pulmonary valve: PV Jet velocity: 1.22 m/s

IMPRESSION:

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

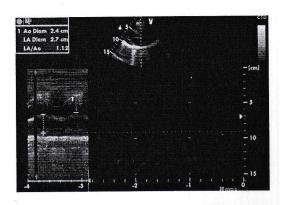
4. Pericardial effusion - Nil.

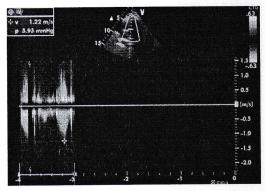
5. No pulmonary artery hypertension.

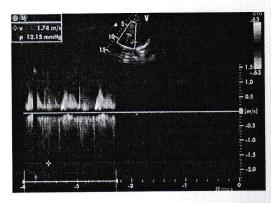
Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

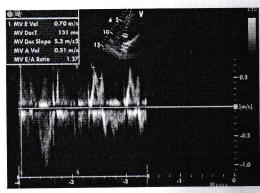
Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

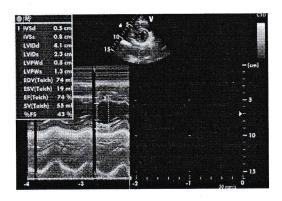
Customer Name	MRS.NEETHU M	Customer ID	MED120786597
Age & Gender	29Y/FEMALE	Visit Date	09/02/2022
Ref Doctor	MEDIASSISTHEALTH	CARESERVICESPRIVATI	ELIMITEDCORPORATE

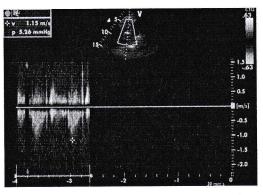


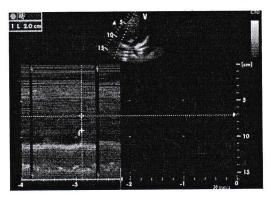


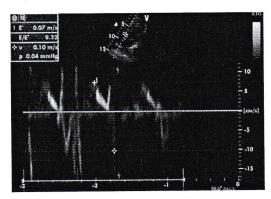


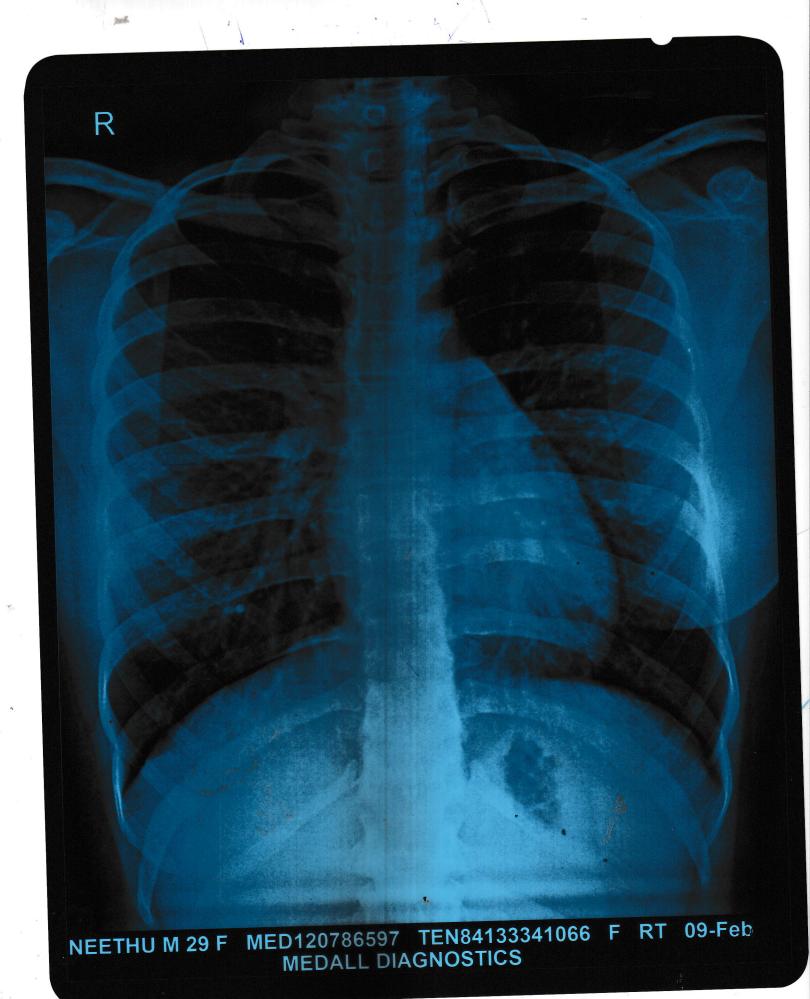














Customer Name	MRS.NEETHU M	Customer ID	MED120786597
Age & Gender	29Y/FEMALE	Visit Date	09/02/2022
Ref Doctor	MEDIASSISTHEALTHCARESI	ERVICESPRIVATELIMITEDC	

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. PRARTHANA ANTOLINE ABHIA, DNB, RD., Consultant Radiologist

Reg. No: 112512





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Thanks for your reference

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 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 3.6 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.7 x 4.2 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 $7.6 \times 2.5 \times 5.4 \text{ cm}$.

Myometrial echoes are homogeneous.

The endometrium is central and normal measures 3mm in thickness.

Ovaries:

The right ovary measure 3.5 x 1.4 cm.

The left ovary measures 2.0 x 1.2 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.

DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST.

Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

Customer Name	MRS.NEETHU M	Customer ID	MED120786597
Age & Gender	29Y/FEMALE	Visit Date	09/02/2022
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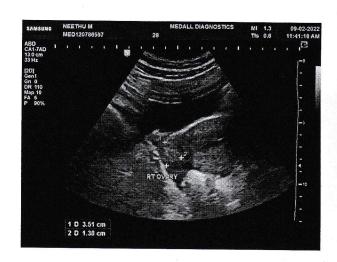




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Customer Name	MRS.NEETHU M	Customer ID	MED120786597
Age & Gender	29Y/FEMALE	Visit Date	09/02/2022
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MEDICAL EXAMINATION REPORT Date of Birth | 1 - 11 - 1992 M/F Gender Name **Identification marks Position Selected For** A. HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Anxiety Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema **Diabetes** Migraine Headaches Back or spinal problems **Heart Disease** Sinusitis or Allergic Rhinitis (Hay Fever) Any other serious problem for **Epilepsy** which you are receiving medical attention 2. List the medications taken Regularly. 3. List allergies to any known medications or chemicals 4. Alcohol: Occasional Yes Quit(more than 3 years) 5. Smoking: Yes No 6. Respiratory Function: a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? Yes c. Have you vomited or coughed out blood? Yes 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 8. Hearing: a. Do you have history of hearing troubles? Yes b. Do you experiences ringing in your ears? Yes c. Do you experience discharge from your ears? Yes d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History Have you ever injured or experienced pain? a. Neck: Yes If Yes; approximate date (MM/YYYY) b. Back: c. Shoulder, Elbow, Writs, Hands Yes Consulted a medical professional? 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 l	handling heavy objects?
	b. Do you have knee pain when squatting or knee	100
	c. Do you have back pain when forwarding or twis	103 110
	d. Do you have pain or difficulty when lifting objec	les live
	e. Do you have pain when doing any of the f	100
	appropriate response)	rollowing for prolonged periods (Flease circle
	•Walking: Yes No •Kneeling:	Yes No Squating: Yes No
	•Climbing: Yes No •Sitting:	Yes No No
	•Standing : Yes No •Bending :	Yes No
	f. Do you have pain when working with hand tools	
	g. Do you experience any difficulty operating mac	
	h. Do you have difficulty operating computer instru	i cs ito
		163 110
B.	CLINICAL EXAMINATION:	
	a. Height 154 b. Weight	Blood Pressure 107, 79 mmhg
	Chest measurements:	b. Expanded
	Waist Circumference	Ear, Nose & Throat □
	Skin	Respiratory System
	Vision	Nervous System ☐
	Circulatory System	Genito- urinary System
		Colour Vision
	Gastro-intestinal System Discuss Particulars of Section B :-	Colour Vision
	Discuss Particulars of Section B :-	*
_	DEMARKS OF DATHOLOGICAL TESTS	
C.	REMARKS OF PATHOLOGICAL TESTS:	ECG
	Complete Blood Count	Urine routine
	Serum cholesterol	Blood sugar
	Blood Group	S.Creatinine
D.	CONCLUSION:	
	Any further investigations required	Any precautions suggested
	Tom + crewing delected	C. REDREM PWS
_	FITUES OF PETER ATION	a sample (x books)
E.		memorial (x 60000)
	Certified that the above named recruit does not a	ppear to be suffering from any disease communicable
	or otherwise, constitutional weakness or	bodily informity except
	I do not conside	er this as disqualification for employment in the Company. S
		te .
* 4	Candidate is free from Contagious/Cor	mmunicable disease
4.4		
Dat	te: <u> </u>	Signature of Medical Adviser
	d total	Dr. S.MANIKANDAN M.D.D.M., (Cardio)
		TIDINELVELLS A CORRESPITAL

	10. Function History			12.
	a. Do you have pain or o	discomfort when lifting or	handling heavy objects?	Yes No
		in when squatting or knee	i i	Yes No
		in when forwarding or twi	•	
	•	•	•	Yes No
			cts above your shoulder height?	Yes No
	e. Do you have pain v appropriate response		following for prolonged periods	s (Please circle
	•Walking: Yes No	•Kneeling :	Yes No Squation	ng: Yes No
	•Climbing: Yes No	•Sitting :	Yes No	
	•Standing: Yes No	•Bending :	Yes No	
	f. Do you have pain who	en working with hand too		V
		ny difficulty operating mad		Yes No
		operating computer instr		Yes No
		operating computer men	amont.	Yes No
B.	CLINICAL EXAMINATION			
	a. Height 154	b. Weight	Blood Pressure	71 79 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	
	Discuss Particulars of Section B:-	Wormd.		
C.	REMARKS OF PATHOLO	GICAL TESTS:		
	Chest X -ray		ECG	
	Complete Blood Count		Urine routine	
	Serum cholesterol		Blood sugar	
	Blood Group		S.Creatinine	
D.	CONCLUSION:			
	Any further investigations re	equired	Any precautions suggested	
	1919m+ crew	m defects)	C-REDRIM PWS	. 0 -
			0-	100/10
E.	FITNESS CERTIFICATION	En	in comprownant CX	2 10 00 m/
	Certified that the above na		appear to be suffering from an	y disease communicable
	or otherwise, constitu	tional weakness or	bodily informity except	
		. I do not consid	er this as disqualification for empl	ovment in the Company, S.
			1.	Symone in the Company. C
	Candidate is free	from Contagious/Co	mmunicable disease	
	Carididate is free	i on contagious/co	Minumicanie disease	X 2
			180	
٧.,	9 2 - 22 -		<u> </u>	1 .
Da	te:			ure of Medical Adviser
	d the		Ur. S.MAININANL Asst. Profess	OAN M.D.D.M., (Cardio)
		186 100 100 100 100 100 100 100 100 100 10		AL COULLEGE HOSPITAL

Eye Examination Report

Candidate Name: Mrs. Neethy. M

Age/ Gender: 29 y /F

Date: 9-2-22

This is to certify that I have examined Mrs/Ms. No thu hereby, his/her visual standards are as follows:

Witho	ut Glasses	With	Glasses	Color Vision (Normal/Defective)
R P/N	L 6/6	RN/N	L 6/6	Normal.

Doctor Signature:

Dr. S.MANIKANDAN M.D.D.M., (Cardio)
Asst. Professor of Cardiology
TIRUNELVELI MEDICAL COLLEGE HOSPITAL

Doctor Stamp

TIRUNELVELI. Reg No : 61785