

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Thota Indrani..... on29/1/24.....

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

	<u>Tick</u>
<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 candidate 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 	

Vaishnavi
Dr. Vaishnavi
 Reg No :12106
 Consultant physician
 Apollo Clinic
 AS Rao Nagar

TO BOOK AN APPOINTMENT
1860 60 7788

ORAL EXAMINATION FORM



Date: 27/1/2024

Patient ID: _____ MHC

Patient Name: T. Indai Age: 30 Sex: Male Female

Chief Complaint: General checking

Medical History: -NAD-

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion:

Bleeding: +ve

Pockets / Recession:

Calculus / Stains: ++
++

Mobility: Grade II 4/12

Restored Teeth:

Non - restorable Teeth for extraction /
Root Stumps:

Malocclusion:

Others:

Advice: ① Advise oral prophylaxis & follow up

Doctor Name & Signature: ② Advise OPG
Dr. Manika

POWER PRESCRIPTION

NAME: *T. Indrani*

GENDER: M/F

DATE: *27/1/24*

AGE: *30*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-3.00</i>	<i>-2.75</i>	<i>20</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>no</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-3.75</i>	<i>-4.50</i>	<i>130</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>no</i>

COLOUR VISION : *normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

Patient Name	: Mrs. THOTA INDRANI	Age	: 30 Y/F
UHID	: CASR.0000185289	OP Visit No	: CASROPV219695
Reported By:	: Dr. MRINAL .	Conducted Date	: 29-01-2024 15:08
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 64 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name : Mrs. THOTA INDRANI Age : 30 Y/F
UHID : CASR.0000185289 OP Visit No : CASROPV219695
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 29-01-2024 14:54
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.7 CM
LVID (ed)	3.7 CM
LVID (es)	2.5 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	1.0 CM
EF	60 %
%FD	30 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
MITRAL: E: 0.8 m/sec A: 0.4 m/sec	
AJV:1.1 m/sec	
PJV:0.9 m/sec	

Patient Name : Mrs. THOTA INDRANI
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Conducted Date : 29-01-2024 14:54

IMPRESSION:

NORMAL CHAMBER DIMENSION.

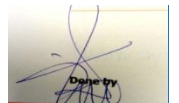
NORMAL VALVES.

NO RWMA.

LV EF:60%

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

Patient Name : Mrs. THOTA INDRANI

Age/Gender : 30 Y/F

UHID/MR No. : CASR.0000185289

OP Visit No : CASROPV219695

Sample Collected on :

Reported on : 28-01-2024 08:45

LRN# : RAD2218148

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9494573260

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

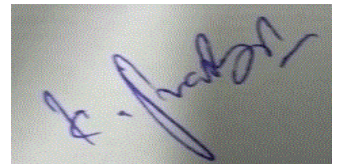
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology