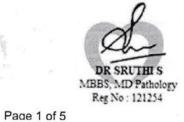
Name	: Mr. SUMANTA KUMAR SAHU	Register On	÷	24/09/2022 9:02 AM	
PID No.	: MED121370985	Collection On	:	24/09/2022 9:59 AM	
SID No.	: 622021167	Report On	:	24/09/2022 12:49 PM	medall
Age / Sex	: 35 Year(s) / Male	Printed On	:	24/09/2022 3:38 PM	DIAGNOSTICS
Ref. Dr	: MediWheel	Туре	:	OP	experts who care

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	15.05	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	48.44	%	42 - 52
RBC Count (Blood/Impedance Variation)	05.72	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	84.61	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.29	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.07	g/dL	32 - 36
RDW-CV(Derived from Impedance)	14.3	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	42.35	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5000	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	66.50	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	23.20	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02.30	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07.80	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.20	%	00 - 02
INTERPRETATION: Tests done on Automated	Eive Dert cell seventes	All - L	

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.33	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.16	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.12	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.39	10^3 / µl	. < 1.0



The results pertain to sample tested.

You can also conveniently view the reports and trends



Please produce bill copy at the time of collecting the

Name	: Mr. SUMANTA KUMAR SAHU	Register On : 24/09/2022 9:02 AM	1
PID No.	: MED121370985	Collection On : 24/09/2022 9:59 AM	
SID No.	: 622021167		med
Age / Sex	: 35 Year(s) / Male	2 1/00/2022 12.43 1 10	DIAGNO
Ref. Dr	: MediWheel	Type : OP	experts w



Investigation Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	Observed Value 0.01	<u>Unit</u> 10^3 / μl	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)	215 08.83 0.19 12	10^3 / μl fL % mm/hr	150 - 450 7.9 - 13.7 0.18 - 0.28 < 15
BIOCHEMISTRY BUN / Creatinine Ratio Glucose Fasting (FBS) (Plasma - F/GOD- PAP)	7.9 78.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

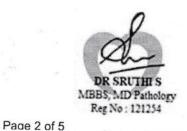
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	98.2	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)	10.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.27	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	4.6	mg/dL	3.5 - 7.2
Liver Function Test			0.0 7.2
Bilirubin(Total) (Serum)	0.74	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.49	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	40.4	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	73.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.8	U/L	· < 55



The results pertain to sample tested.

You can also conveniently view the reports and trends



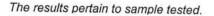
Name	:	Mr. SUMANTA KUMAR SAHU	Register On	:	24/09/2022 9:02 AM	
PID No.	:	MED121370985	Collection On			S.C.
SID No.	:	622021167			2 # 00/2022 0:00 AW	ma
Age / Sex	:	35 Year(s) / Male	Report On		24/09/2022 12:49 PM	DIAGNO
Ref. Dr	:	MediWheel	Printed On	:	24/09/2022 3:38 PM	experts
	0		Туре	:	OP	

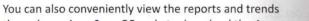
Investigation	Observed Value	Unit	Piological Deferring Later
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.2	U/L	<u>Biological Reference Interval</u> 53 - 128
Total Protein (Serum/Biuret) Albumin (Serum/Bromocresol green) Globulin (Serum/Derived) A : G RATIO (Serum/Derived) Lipid Profile	7.69 4.08 3.61 1.13	gm/dL gm/dL gm/dL	6.0 - 8.0 3.5 - 5.2 2.3 - 3.6 1.1 - 2.2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	130.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	78.1	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 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.

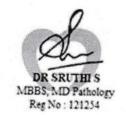
HDL Cholesterol (Serum/Immunoinhibition)	35.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	79.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	95.4	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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Name	:	Mr. SUMANTA KUMAR SAHU	Register On	:	24/09/2022 9:02 AM	
PID No.	:	MED121370985	Collection On	:	24/09/2022 9:59 AM	
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Age / Sex	:	35 Year(s)/ Male	Printed On	:	24/09/2022 3:38 PM	DIAGNOST
Ref. Dr	:	MediWheel	Туре	:	OP	experts who

Investigation	Observed \	<u>Value</u>	<u>Unit</u>	Biological Reference Interval			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.7			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)	2.2			Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0			
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.3			Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0			
Glycosylated Haemoglobin (HbA1c)							
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.1		%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5			
INTERPRETATION: If Diabetes - Good control	l : 6.1 - 7.0 %	, Fair contro	l: 7.1 - 8.0 % ,	Poor control >= 8.1 %			
Estimated Average Glucose (Whole Blood)	99.67		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

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	2.01	ng/ml	0.7 - 2.04
INTERPRETATION:			
Comment :			
Total T3 variation can be seen in other condit	ion like pregnancy	drugs nenhrosis et	n In such assas E

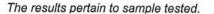
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/11.69µg/dl4.2 - 12.0Chemiluminescent Immunometric Assay
(CLIA))(CLIA)(CLIA)(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.





DR SRUTHI S MBBS, MD Pathology Reg No : 121254 care

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Name	:	Mr. SUMANTA KUMAR SAHU	Register On	:	24/09/2022 9:02 AM	
PID No.	:	MED121370985	Collection On		24/09/2022 9:59 AM	
SID No.	:	622021167	Report On		24/09/2022 12:49 PM	meda
Age / Sex	:	35 Year(s) / Male	Printed On	:	24/09/2022 3:38 PM	DIAGNOST
Ref. Dr	:	MediWheel	Туре	:	OP	experts who c

Investigation **Observed Value** Unit **Biological Reference Interval** TSH (Thyroid Stimulating Hormone) (Serum 3.84 µIU/mL 0.35 - 5.50/Chemiluminescent Immunometric Assay (CLIA)) 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 :

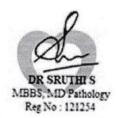
1.TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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

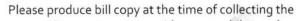
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ICS care

The results pertain to sample tested.

Page 5 of 5 口気近日



SUMANTA KUMAR SAHU 35 M MED121370985 TEN87254163844 MEDALL DIAGNOSTICS



Customer Name	MR. SUMANTA KUMAR SAHU		
inge to Gender	35Y/MALE	Customer ID	MED121370985
Ref Doctor	MEDIWHEEL	Visit Date	24.09.2022

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



Customer Name	MR.SUMANTA KUMAR SAHU	Customer ID	MED121370985
Age & Gender	35Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

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 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 4.5 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 9.1×3.1 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.





Customer Name	MR.SUMANTA KUMAR SAHU	Customer ID	MED121370985	
Age & Gender	35Y/MALE	Visit Date	24/09/2022	
Ref Doctor	MediWheel		24/09/2022	

Prostate: The prostate measures 3.4 x 2.1 x 3.0 cm and is normal sized. Corresponds to a weight of about 11.0 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:

No significant abnormality.

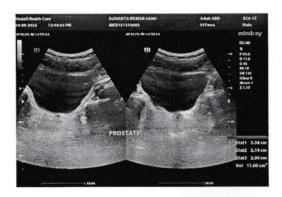
DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST.



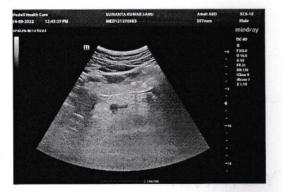


Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

Customer Name	MR.SUMANTA KUMAR SAHU	Customer ID	MED121370985
Age & Gender	35Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

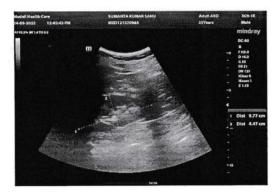




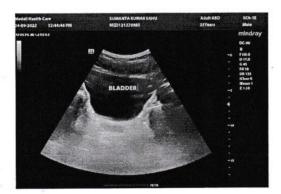














Measurement Results GRS GT/GTcB 328 / RR/PP P/QRS/T QTD/QTcBD Sokolew ZK σ 11 GE MACIZOO ST 1 9-3 9-3 755 24 Sep 2022 11 35 24 AM 28 30 96 ms 96 ms 50 degrees 24 ms 24 ms 84 ms 395 ms MANTHAK IMARSAH 13 aUR ſ III $\frac{1}{2}$ S /MMC_2 AUR AUL ACT +90 aUF -90 MEDALL DIAGNOSTICS TIRUMELUELT SUP CONCINCT II aul 0 1 ł 2405 ŕ R/S inversion area between U1 and U2 probably normal ECG Interpretation ϕ C N 00 Ċ1 UB 40hz 2 Automatica \$ <u>}</u> ይ 18 G. Unconfirmed report . vi Ň HP 87 bpm 5 ł.



Customer Name	MR.SUMANTA KUMAR SAHU	Customer ID	MED121370985
Age & Gender	35Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		24/05/2022

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d	4.4cm
LVID s	2.7cm
EF	69%
IVS d	0.9cm
IVS s	0.6cm
LVPW d	0.8cm
LVPW s	1.1cm
LA	2.6cm
AO	2.9cm
TAPSE	25mm
IVC	0.7 cm

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 .





Customer Name	MR.SUMANTA KUMAR SAHU	Customer ID	MED121370985
Age & Gender	35Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

Doppler:

Mitral valve : E: 0.74m/s A: 0.65m/s E/A Ratio: 1.15 E/E: 8.63

Aortic valve: AV Jet velocity: 1.18 m/s

Tricuspid valve: TV Jet velocity: 2.67 m/s TRPG: 28.60 mmHg.

Pulmonary valve: PV Jet velocity: 1.18 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.

Mm

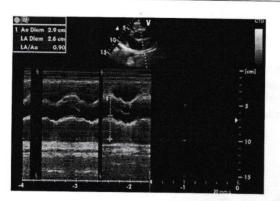
Dr. S. MANIKANDAN. MD.DM.(Cardio) Cardiologist

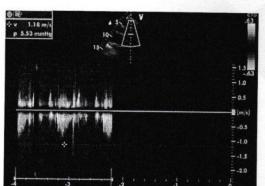


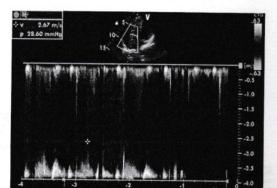


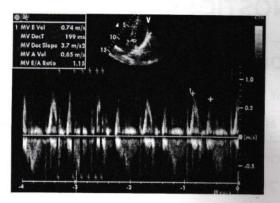
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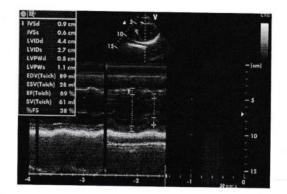
Customer Name	MR.SUMANTA KUMAR Customer ID SAHU		MED121370985
Age & Gender	35Y/MALE	Visit Date	24/00/2000
Ref Doctor	MediWheel	Fishe Dute	24/09/2022

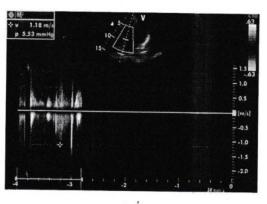


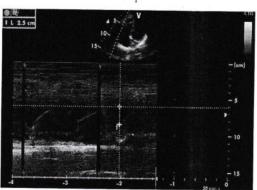


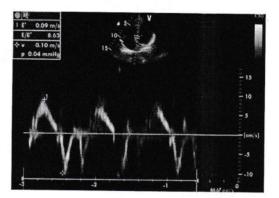














MEDICAL	EXAMINATION REPO	RT
Name Sumanta (cumo		irth 21.06.1987
Position Selected For	Identification marks	ZIUUUITST
HISTORY:		
1. Do you have, or are you being	treated for, any of the following coeditions	
Anxiety		
Arthritis		High Blood Pressure
Asthama, Bronchitis, Emphys	Depression/ bipolar disorder	High Cholesterol
Back or spinal problems		Migraine Headaches
	Heart Disease	Sinusitis or Allergic Rhinitis
Epilepsy	Any other serious problem for which you are receiving medical attention	(Hay Fever)
2. List the medications taken Reg	aularly.	on
3. List allergies to any known me		a de
4. Alcohol: Yes No	Occasional	al a
5. Smoking : Yes No 🗸	Quit(more than 3 years)	27 27
6. Respiratory Function :	· · · · · · · · · · · · · · · · · · ·	
	t of breath while walking fast or taking stair - cas	- dê
b Do your "	tor breath while walking fast or taking stair - cas	e? Yes No
b. Do you usually cough a lot firs	t thing in morning?	Yes No
c. Have you vomited or coughed	out blood?	
7. Cardiovascular Function & Phy		Yes No
a. Exercise Type: (Select 1)	sical Activity :	
 No Activity 		
 Very Light Activity (Seated At I 		
 Light Activity (Walking on level 	Desk, Standing)	
 Light Activity (Walking on level Moderate Activity (Data 	surface, house cleaning)	
 Moderate Activity (Brisk walking Viewers Activity (2) 	g, dancing, weeding)	
 Vigrous Activity (Soccer, Runni 	ng)	
b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than	3 days/ Wook)
c. Do you feel pain in chest when	engaging in physical activity?	
8. Hearing :	e e e p p and downy.	Yes No
a. Do you have history of hearing	troubles?	
b. Do you experiences ringing in y		Yes No
c. Do you experience discharge fro		Yes No
		Yes No
d. Have you ever been diagnosed9. Musculo - Skeletal History	with industrial deafness?	Yes No
a. Neck :		
b. Back :	Have you ever injured or experienced pain?	Yes No
c. Shoulder, Elbow, Writs, Hands	If Yes ; approximate date (MM/YYYY)	
d. Hips, Knees, Ankles, Legs	Consulted a medical professional ? Resulted in time of work?	Yes No
	Surgery Required ?	Yes No
	Ongoing Problems ?	Yes No
	genig i replettis :	Yes No

		and the second	and the second se	
~	10. Function History		3	
	a. Do you have pain or discomfort when lifting or	handling heavy objects?		
	b. Do you have knee pain when squatting or kne	eling 2	Yes No	
	c. Do you have back pain when forwarding or tw	inting 2	Yes No	
	d. Do you have pain or difficulty when lifting obje	ots above your aboulder beint to	Yes No	
	 e. Do you have pain when doing any of the appropriate response) 	following for prolonged periods (P	Yes No	
•Climbing : Yes				
	Standing : Y			
	Bonding .	Yes No	1000	
	f. Do you have pain when working with hand toog. Do you experience any difficulty operating man	lls?	Yes No	
	h. Do you have difficulty operating computer instr	chinery?	Yes No	
		ument?	Yes No	
В.		Pu	1se-92	
	a. Height 170 b. Weight 70.5	Blood Pressure	176 mmhg	
	Chest measurements: a. Normal	b. Expanded] .	
	Waist Circumference	Ear, Nose & Throat	-	
	Skin	Respiratory System	- <u>E.C.</u>	
	Vision	Nervous System		
	Circulatory System	Genito- urinary System		
	Gastro-intestinal System	Colour Vision		
	Discuss Particulars of Section B :-			
C.	REMARKS OF PATHOLOGICAL TESTS :	•	2.668	
	Chest X -ray	ECG		
	Complete Blood Count	Urine routine		
	Serum cholesterol			
	Blood Group	Blood sugar		
D.	CONCLUSION :	S.Creatinine		
2.	Any further investigations required	Any precautions suggested		
E.	FITNESS CERTIFICATION			
	Certified that the above named recruit does not ap		ase communicable	
	or otherwise, constitutional weakness or t	bodily informity except	<u> </u>	
	I do not consider	r this as disqualification for employment	nt in the Company. S	
Candidate is free from Contagious/Communicable disease				
Date		m		
Date	•0	Dr. S.MANIKANDA	Medical Adviser N. M.D.D.M., (Cardio)	
	Nogradie -	Asst. Professor	of Cardioler;/	
	* CXINCHU ~	TIRUNELVELLMEDICAL	COLLECE ICHOPPEN	

Customer Name	mr. Sumantakuna	Customer ID	MED121370985
Age & Gender	351 m	Visit Date	24/09/22

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

Right Eye	Left Eye	
N/6	NI6	
919	919	
Normal	Normal	
	N/6 919	N/6 NI6 919 919

Observation / Comments: NIL

