

**Annexure-2**

**Self-Health Declaration**  
(Please ✓ Mark Where Applicable)



**1 PERSONAL DETAILS:**

Name: First Name Roshni Middle Name Manish Surname Shore

Address: Bliss Avenue (A) wing flat no 407 (1st) - Khuvastgal, Ambarnate (W)

City: Kalyan Pin: 421502

Birth Place: Havda Birth Date: 8/5/91 Religion: \_\_\_\_\_  
(dd/mm/yyyy)

Post applied for: \_\_\_\_\_ Marital Status: Married / Unmarried Gender: M / F ✓

**2 PREVIOUS EMPLOYMENT:** Yes / No If yes specify

Name	Nature of work	Duration
i)		
ii)		
iii)		

**3 NAME OF FAMILY DOCTOR:**

Address:

Contact Details:

**4 PERSONAL HABITS:**

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

**5 MEDICAL HISTORY:**

i) **ANY DISABILITY:** Yes / No If yes specify with disability %

ii) **PERSONAL HISTORY:**

Are you in good health and capable of full work

Have you ever suffered from job related disease or injury?

Have you ever been discharged or rejected on medical grounds?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

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iii) Have you ever suffered from any of the following (Answer Yes or No. if yes, give details)

Y	N		Y	N	
	<input checked="" type="checkbox"/>	Hypertension		<input checked="" type="checkbox"/>	Hepatitis-B
	<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>	Cancer
	<input checked="" type="checkbox"/>	Heart disease		<input checked="" type="checkbox"/>	Stroke
	<input checked="" type="checkbox"/>	Kidney diseases		<input checked="" type="checkbox"/>	Bronchitis
	<input checked="" type="checkbox"/>	Tuberculosis		<input checked="" type="checkbox"/>	Any allergy
	<input checked="" type="checkbox"/>	Chronic lung disease (e.g. Pleurisy Pneumonia etc.)		<input checked="" type="checkbox"/>	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
	<input checked="" type="checkbox"/>	Epilepsy, Fits, Fainting or Dizziness		<input checked="" type="checkbox"/>	Mental disorder of any kind
	<input checked="" type="checkbox"/>	Any major operation or injury		<input checked="" type="checkbox"/>	Any other illness

Details of the above if "Yes" \_\_\_\_\_  
 \_\_\_\_\_

(For female candidates only)

Are you pregnant at present?  Y  N

Date of L.M.P. \_\_\_\_\_

iv) Immunization:

	Yes	No
Tetanus Toxoid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/> covid vaccine ① dose taken

**6 FAMILY HISTORY:**

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Any other Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father			in 1991 (Age?)	Accidental
Mother	57	Good.		
Spouse	-	-		
Children-1	<input checked="" type="checkbox"/>	-		
Children -2	<input checked="" type="checkbox"/>	-		

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date:

Rosmi  
(Signature of Candidate)

**Annexure-3**

**Pre-Employment Medical Assessment**

(All details given below will be filled by examine physician & treated as confidential)  
(Please ✓ Mark Where Applicable)

**1 Personal Habits:**

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

**2 Medical History:**

i) **Any Disability:** Yes / No If yes specify with disability %

ii) **Personal History:**

Nil

iii) **Known case of or past history of**

MU

iv) **Immunization:**

Yes No

Tetanus Toxoid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Covid vaccine taken*

v) **Family History:**

Has anyone of parents suffered from

<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Epilepsy
		<input type="checkbox"/>	Any other Disease



**3 Physical Examination:**

- i) Build: Poor / Average / Strong Skin: N  
 ii) Throat: N Tonsils: N Thyroid: N Lymph nodes:  
 iii) Teeth & Gums: N Tongue:  
 iv) Height 162 cms Weight 69 kg BMI 26.3  
 v) Identification marks:

Mole on neck.

**1 Vision (To be checked by eye specialist):**

General Eye examination: \_\_\_\_\_

		Rt	Lt	Colour Vision (Pls ✓ Mark Applicable)	
Visual Acuity	Distance	<u>6/6</u>	<u>6/6</u>	Normal Colour vision	<input checked="" type="checkbox"/>
	Near	<u>N/5</u>	<u>N/5</u>	Total colour deficiency	<input type="checkbox"/>
Corrected Vision	Distance			Partial Colour Deficiency	<input type="checkbox"/>
	Near				
Power of lens	Spherical			If partial - pl. mention _____	
	Cylindrical				
	Axis				

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Night Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details \_\_\_\_\_

*(GENERAL PHYSICIAN)*



Signature & Seal of Ophthalmologist

**5 Hearing:**

External Examination: Rt N Lt N  
Rinne's Test: Ng Weber's Test: Ng  
Conversational Hearing/ Whispering: -  
Audiometry (Comment): \_\_\_\_\_  
dB Right Ear - dB Left Ear -

**6 Cardio-vascular System:**

Pulse-Rate 72 /min Blood Pressure 110 70 mm hg  
Sys Dia  
Heart Sounds N. Murmur  Present  Absent Details if present \_\_\_\_\_  
Character: Regular / Irregular -

**7 Respiratory System:**

Shape of Chest: NAD Breath Sounds: \_\_\_\_\_

**8 Abdomen:**

Liver: N Spleen: N. Any Abdominal Lump: Nu

**9 Genito Urinary System:**

Hernia: Nu Hydrocele/Varicocele: Nu

**10 Venereal Disease:**

**11 Special Conditions:** Flat feet Nu Varicose Veins Nu

**12 Nervous System:**

Pupillary Reaction: N Planter Reflex: N  
Knee Jerk Reflex: N Romberg Sign:  +ve  -ve

**13 Investigations:**

i) Urine: Sp. Gr. 1.015 Reaction 6.0 Albumin Absent Sugar Absent  
Microscopic: NAD

Blood: Haemoglobin 11.8 g% HbA1c 6.05 Bl. Gr. 'A'  +ve  -ve

ii) Chest X-ray: NAD

iii) E.C.G: -

iv) USG Whole Abdomen: B/L Renal calculi R → 2.8 mm Lt - 3.1 mm

v) 2D Echo/TMT: \_\_\_\_\_

vi) PFT: FVC \_\_\_\_\_ FEV1 \_\_\_\_\_ FEV1/FVC % \_\_\_\_\_ PEFR \_\_\_\_\_

vii) Any other Investigations / clinical finding: \_\_\_\_\_

**14 COMMENTS AND RECOMMENDATIONS:**

(Pls  Mark Applicable)

<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Unfit
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Remarks: \_\_\_\_\_

**Details of Examining Physician:**

Name: \_\_\_\_\_

Registration No.: **DR. PARAG A. PRADHAN** MBBS

Address: \_\_\_\_\_  
*Approved By DG Shipping (GOI)*

Contact No.: *Esg. No. (MMC) 61264*  
102-103-104, Gateway Plaza, Central  
Avenue Road, Hiranandani Gardens,  
Powai, Mumbai-400076

Signature with Seal of Examining Physician

**For office use only:**

Date of receipt of original documents: \_\_\_\_\_ PEM No.: \_\_\_\_\_

MDMS No: \_\_\_\_\_

Medically 

<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Temp. Unfit	<input type="checkbox"/> Unfit
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Special Remarks: \_\_\_\_\_

To Sea Bird.

12/8/23

I Roshni Shore I am skip the  
TMT Test Because of  
Fast today.

Roshni  
(Roshni Shore)



आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

ROSHNI MANISH SHORE

MANSINGH BEIS

08/05/1991  
Permanent Account Number

GBBPS3422L

*Roshni*  
Signature



15043015

*Roshni*



ROSHNI SHORE



PID NO. : BHA0453

Name : ROSHNI MANISH SHORE

Sex / Age : Female / 31 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

**Sample Collected At :**

Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

**Processing Location:** - Sea Bird Medicare  
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Reg. Date

12-Aug-2023 / 10:43 am

Coll Date

12-Aug-2023 / 10:48 am

Report Date

13-Aug-2023 / 3:45 pm

## REPORT

### Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b><u>BLOOD GROUP</u></b>			
ABO Group	"A"		
RH (D)	Positive		

Method : Slide Method  
Sample: Whole Blood (EDTA)

----- End of Report -----

DR.SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

**Pritam Dhanawade**  
Lab Technician



PID NO. : BHA0453  
Name : ROSHNI MANISH SHORE  
Sex / Age : Female / 31 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

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Coll Date  
12-Aug-2023 / 10:48 am  
Report Date  
13-Aug-2023 / 3:14 pm

## REPORT

### BLOOD SUGAR

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	85.71	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	79.27	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Cobas C111 Analyser

----- End of Report -----

DR. SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

LATHA SONAWANE  
Lab Technician



MC - 5321





PID NO. : BHA0453  
Name : ROSHNI MANISH SHORE  
Sex / Age : Female / 31 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

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12-Aug-2023 /10:48 am  
Report Date  
12-Aug-2023 /12:54 pm

## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	11.8	gm/dl	12.0 - 15
<b><u>RED BLOOD CELLS</u></b>			
R.B.C. Count	4.26	million / cumm	3.8- 4.8
PCV	35.8	%	35-48
MCV	84	fL	83 - 101
MCH	27.7	pg	27 - 32
MCHC	33	gm / dl	31.5 - 34.5
RDW (CV)	13	%	11.6- 14.0
Total W.B.C. Count	6680	/cu.mm.	4000-10000
<b><u>DIFFERENTIAL COUNT</u></b>			
Neutrophils	50	%	40 - 80
Lymphocytes	39	%	20 - 40
Eosinophils	06	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 1

DR.SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

**Molly R**  
Lab Technician



MC - 5321





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## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Platelet Count	343000	/cumm	150000 - 410000

#### **MORPHOLOGY**

RBC Morphology	Predominantly Normocytic and Normochromic.
WBC Morphology	Normal Morphology.
Platelets on Smear	Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy is manual by Pathologist.)

----- End of Report -----

DR. SANDIP M HUDDEDAR  
MBBS, DCP  
**Consultant Pathologist**



MC - 5321

**Molly R**  
Lab Technician



PID NO. : BHA0453

Name : ROSHNI MANISH SHORE

Sex / Age : Female / 31 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

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## REPORT

### Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	10	mm at 1hr	0 - 20

Method: Wintrobe . Sample: Whole Blood (EDTA)

----- End of Report -----

DR.SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

LATHA SONAWANE  
Lab Technician





PID NO. : BHA0453  
Name : ROSHNI MANISH SHORE  
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**REPORT**

**Glycosylated Haemoglobin (HbA1c)**

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c	6.05	%	< 5.7
Non-diabetic : <= 5.7 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)			
Mean Blood Glucose (MBG)	138.08	mg/dl	

**Interpretation & Remark:**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1c value, the following equation is used :  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For Hb > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - Heterozygous state detected (D10/ Tosha G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %
  - Fair to Good Control - 7 to 8 %
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

----- End of Report -----

DR.SANDIP M HUDDEDAR  
MBBS, DCP  
**Consultant Pathologist**



MC - 5321

LATHA SONAWANE  
Lab Technician



PID NO. : BHA0453

Name : ROSHNI MANISH SHORE

Sex / Age : Female / 31 Years

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**REPORT**

**LFT**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sr. Alkaline Phosphatase (Serum, AMP Buffer IFCC) Test Done on Fully Automated Cobas C111 Analyser	85.18	U/L	35 - 104

----- End of Report -----

DR.SANDIP M HUDDEDAR  
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MC - 5321

LATHA SONAWANE  
Lab Technician





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## REPORT

### Lipid Profile

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol	123.26	mg/dl	100 - 240
Method: CHOD-PAP			
Triglycerides	34.85	mg/dl	0 - 150
Method: GPO-PAP			
HDL Cholesterol-Direct	52.85	mg/dl	45 - 65
Method: Cholesterol-esterase-Direct			
LDL Cholesterol	63.44	mg/dl	<100
Calculated			
VLDL-Cholesterol	<b>6.97</b>	mg/dl	10 - 40
Calculated			
CHO/HDLC Ratio	2.33		Upto 5.0
Calculated			
LDLC/HDLC Ratio	<b>1.20</b>		2.5 - 3.5
Calculated			

Desirable Cholesterol Level : <200 mg/dl  
Bordeline High Cholesterol : 200-239 mg/dl

Test Done on Fully Automated Cobas C111 Analyser  
Sample: Serum

----- End of Report -----

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## REPORT

### Liver Function Tests

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	20.83	U/L	0 - 32
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	18.67	U/L	0 - 33.0
GGT (Serum ,Method- IFCC Method)	14.83	U/L	5 - 36
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.53	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.12	mg/dl	0.0 - 0.80
Bilirubin (Indirect) Calculated	0.41	mg/dl	0.0 - 0.90
Total Proteins (serum,Method-Biuret)	7.46	g/dl	6.6 - 8.7
Albumin (Serum,Method-Bromocresol Green)	4.06	g/dl	3.5 - 5.2
Globulin Calculated	3.40	g/dl	1.90 - 3.70
A/G ratio Calculated	1.19		

Test Done on Fully Automated Cobas C111 Analyser

----- End of Report -----

DR.SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**



MC - 5321

LATHA SONAWANE  
Lab Technician



PID NO. : BHA0453  
Name : ROSHNI MANISH SHORE  
Sex / Age : Female / 31 Years  
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**REPORT**

**RENAL PROFILE**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Method-Urease	21.15	mg/dl	16.6 - 48.5 mg/dl
Blood Urea Nitrogen Method-Urease	9.88	mg/dl	06 - 20 mg/dl
Creatinine Method-Kinetic Jaffes	0.59	mg/dL	0.5 - 0.90 mg/dl
Uric Acid Method: Uricase-POD	4.56	mg/dl	2.4 - 5.7

Test Done on Fully Automated Cobas C111 Analyser

----- End of Report -----

DR.SANDIP M HUDDEDAR  
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LATHA SONAWANE  
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## REPORT

### THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	3.06	μIU/ml	0.25-5 μIU/ml
T3	2	nmol/l	0.92-2.33 nmol/l
T4	118.14	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

#### INTERPRETATION

**TSH :** A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

**T3:** Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

**T4 :** Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyrokin-binding globulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

----- End of Report -----

DR. SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

**Pritam Dhanawade**  
Lab Technician



PID NO. : BHA0453  
Name : ROSHNI MANISH SHORE  
Sex / Age : Female / 31 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :  
Sample Collected At :  
Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076  
Processing Location: - Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Reg. Date  
12-Aug-2023 / 10:43 am  
Coll Date  
12-Aug-2023 / 10:48 am  
Report Date  
13-Aug-2023 / 3:16 pm

**REPORT**

**URINE ANALYSIS**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.015		1.000 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)
Ocult Blood	Absent		Absent

**MICROSCOPIC EXAMINATION**

DR. SANDIP M HUDDERAR  
MBBS, DCP  
Consultant Pathologist



MC - 5321

LATHA SONAWANE  
Lab Technician





PID NO. : BHA0453

Name : ROSHNI MANISH SHORE

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## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 5 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

**METHOD:**

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

DR.SANDIP M HUDDEDAR  
MBBS, DCP

**Consultant Pathologist**

LATHA SONAWANE  
Lab Technician



MC - 5321

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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022





*Sea Bird*  
**Sea Bird Medicare Centre**

Report ID : **RSM128152250** Reg. : **12-Aug-2023**  
Patient Name : **Mr. ROSHNI SHORE** Report Date : **14-Aug-2023**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **32 Year / Male**

**CHEST X RAY REPORT**

X-Ray No : 2616

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

**Impression :**

**Normal Chest X-Ray.**

  
**Dr. Jacob  
Mathew MD**

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Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)



Sea Bird

Sea Bird Medicare Centre

Report ID : **RSM128152250** Reg. : **12-Aug-2023**  
Patient Name : **Mr. ROSHNI SHORE** Report Date : **14-Aug-2023**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **32 Year / Male**

**SONOGRAPHY (ABDOMEN)**

Ref No : 12/08/2023

Investigation : Abdomen Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB,Pancreas & Spleen are within normal limits.

Right renal calculus 2.8 mm , Left renal calculus 3.1 mm noted .  
No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

Right renal calculus of 2.8 mm , Left renal calculus of 3.1 mm noted.

Dr. Jacob  
Mathew MD

Dr. Jagmohan L Chopra MD  
Dr. Asghar Majeed

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