

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <i>Sunil C Nair</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	Gender: <i>F/M</i> ✓
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <i>168</i> (cms)	b. Weight <i>81</i> (Kgs)	c. Girth of Abdomen <i>101</i> (cms)
d. Pulse Rate <i>74</i> (/Min)	e. Blood Pressure:	Systolic <i>130</i> Diastolic <i>90</i>
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	—		
Mother	<i>64</i>	<i>Fit</i>	
Brother(s)	—		
Sister(s)	—		

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <i>Y/N</i> ✓ | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <i>Y/N</i> ✓ |
| b. Have you undergone/been advised any surgical procedure? <i>Y/N</i> ✓ | d. Have you lost or gained weight in past 12 months? <i>Y/N</i> ✓ |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <i>Y/N</i> ✓ | • Any disorder of Gastrointestinal System? <i>Y/N</i> ✓ |
| • Any disorders of Respiratory system? <i>Y/N</i> ✓ | • Unexplained recurrent or persistent fever, and/or weight loss <i>Y/N</i> ✓ |
| • Any Cardiac or Circulatory Disorders? <i>Y/N</i> ✓ | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <i>Y/N</i> ✓ |
| • Enlarged glands or any form of Cancer/Tumour? <i>Y/N</i> ✓ | • Are you presently taking medication of any kind? <i>Y/N</i> ✓ |
| • Any Musculoskeletal disorder? <i>Y/N</i> ✓ | |

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Uterine fibroids on use — follow up advised

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. Austin Varghees
[Signature]

Seal of Medical Examiner :

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

Name & Seal of DDRC SRL Branch :

Date & Time :



DDRC agilus Pathlabs Limited.

Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017

Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

From,

Sunil c Nair
Sunil Nivas
Ararma
Perumpalavom Po
Kottayam - 686665

Sir,

I am unwilling to do my TMT Test.
Kindly cancel my TMT Test from my
health check up package

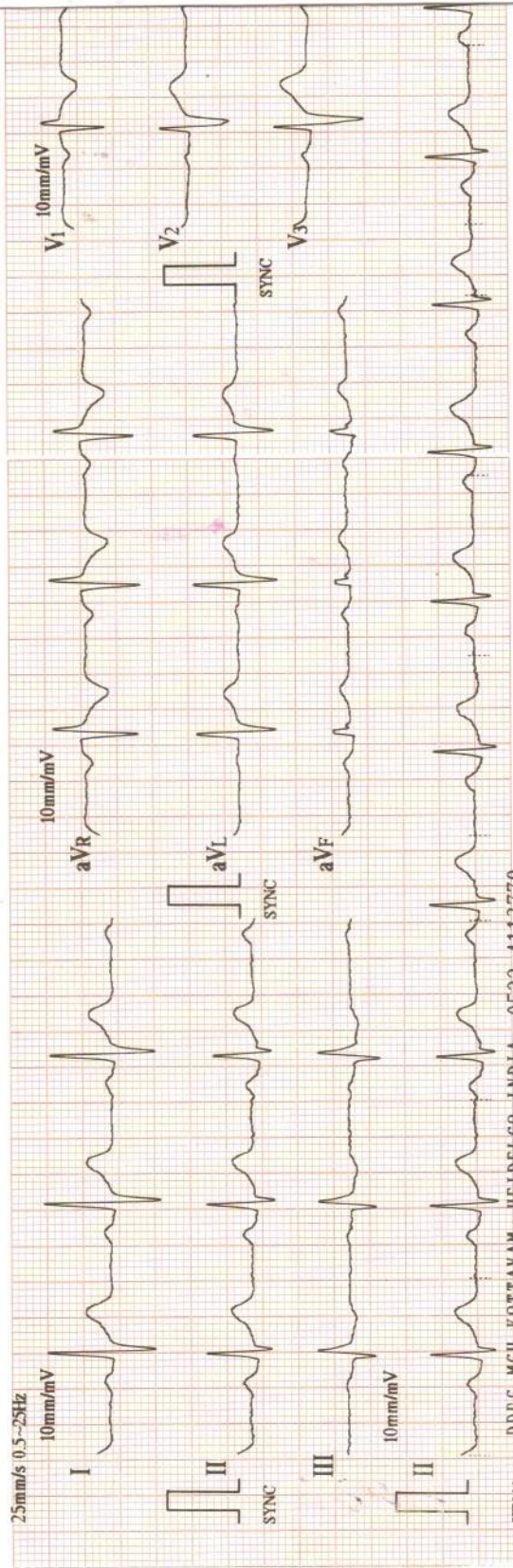
Yours faithfully

Sunil

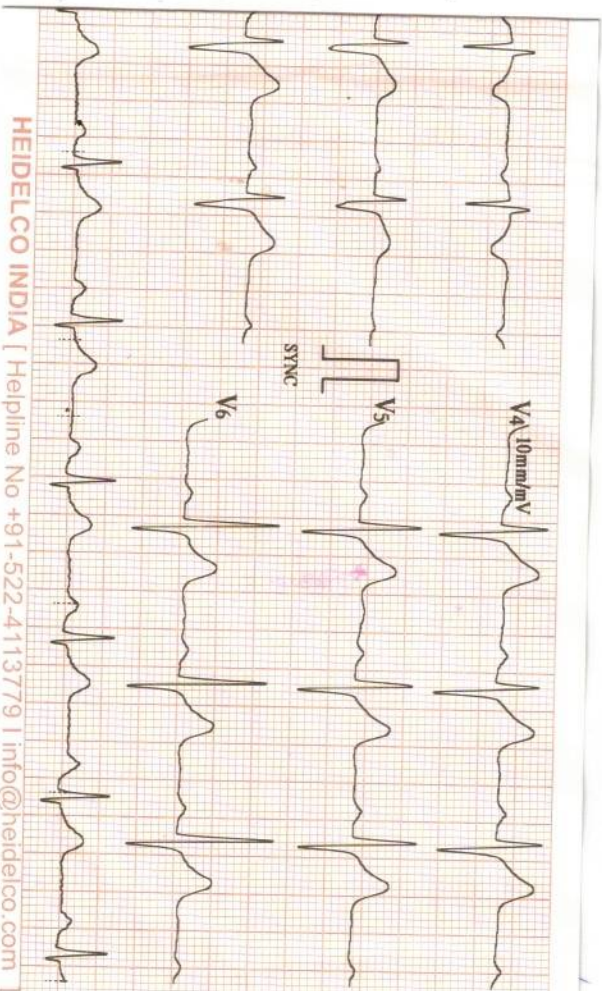
(Sunil c Nair)

14-02-2024





HE309 | info@heidelco.com | DDEC MCH KOTTAYAM | HEIDELCO INDIA, 0522-4113779



HEIDELCO INDIA [Helpline No +91-522-4113779 | info@heidelco.com]

14/02/2024 13:02

ID : 4625

Name: SUNIL

C

Sex : Male

Age : 46

HR	: 71	bpm
R-R	: 836	ms
P-R	: 194	ms
QRS	: 110	ms
QT/QTc	: 359/392	ms
P/QRS/T	: 47/54/37	°
RV5/SV1	: 0.820/0.640	mV
RV5-SV1	: 1.460	mV

V2.002 (BIOS: V2.004 / AMP: V1.006)



Machine Interpretation Only

Confirm with Physician

Physician:

ECG REPORT

ACCESSION NO : 4036XB002371

NAME : SUNIL NAIR C

AGE : 46

SEX : MALE

DATE : 14/02/2024

COMPANY : MEDIWHEEL

RATE : 71 BPM

RHYTHM : NORMAL SINUS RHYTHM

P. WAVE : NORMAL

P-R INTERVAL : 194 MS

Q,R,S,T. WAVES : NORMAL

AXIS : NORMAL

ARRHYTHMIAS : NIL

QT INTERVAL : 359 MS

OTHERS : NIL

OPINION : NORMAL ECG



Dr. Austin Varghees
Dr. Austin Varghees
MBBS
TCMC Reg. No: 77017



KHI-2853/13, OTHALATHUMOOTIL COMMERCIAL COMPLEX, SAMKRANTHI, KOTTAYAM, KERALA

Mob: 9446028310 E-mail: rajendradentist@gmail.com

Dr. Rajendran T.R., B.Sc., BDS
Reg. No. 1385/A

PATIENT'S NAME: Sumil C Nair AGE: 36 SEX: M

ADDRESS: Bank of Baroda, Kaipattor

CASE RECORD NO. Ref. by. DATE

PATIENT'S CHIEF COMPLAINT: Dental checkup

HISTORY:

RELEVANT MEDICAL HISTORY Covid 19 Vaccination - Status Single Double Booster Nil
Systemic Illness : Drug History/Allergy
Pregnancy/Lactation : Family History
Habits (Smoking, etc) : Others

Key: D - Decay M - Missing / Extracted F - Filled R - Replaced X - Recommended Extraction # - Fractured Tooth I - Impacted P - Periodontal / Pockets.	EDCBA 18 17 16 15 14 13 12 11	ABCDE 21 22 23 24 25 26 27 28
	EDCBA 48 47 46 45 44 43 42 41	ABCDE 31 32 33 34 35 36 37 38

Occlusion Evaluation Lymph nodes TMJ Buccal mucosa Vestibules Tongue Floor of Mouth Palate Pharynx Alveolar bone Perio pockets Gingiva	Normal	Radiographs existing/ advised / Investigation
Oral Hygiene Calculus Gingival Bleeding		Comments
Excellent Good Fair Poor None Little Moderate Heavy Localized General None		

SPECIALIST OPINION IF ANY:

DIAGNOSIS & TREATMENT PLAN / EXPLAINED OPTIONS:

Treatment Expenses in estimation

CONSENT: I the undersigned in my full sense give my consent for the above procedure explained and advised to me in this clinic. The doctor has explained the risk involved in this procedure and satisfied my queries. എന്റെ അസുഖത്തിനുവേണ്ട ചികിത്സാവിധികളും അതിന്റെ അനുകൂലഫലങ്ങളും എന്താണെന്ന് എനിക്ക് വിശദമായി സംശയാതീതമായി അഭിപ്രായപ്പെട്ടിട്ടുള്ളതും ആയത് മനസ്സിലാക്കി പ്രാർത്ഥന ചികിത്സാ രീതിയിൽ ഈ അസുഖത്തിൽ വെച്ചു നടത്തുന്നതിന് എനിക്ക് പൂർണ്ണസമ്മതംമേന്മ ഉണ്ടാകുമെന്ന് ഉത്തരവാദിയായതോടെ ഇതിനോട് അടൻ വാങ്ങിപ്പോട്ടില്ലെന്നു.

Name: Signature:


TREATMENT PLAN SCHEDULE

PRESCRIPTION	3 rd Visit
	4 th Visit
2 nd Visit	5 th Visit

14/02/24

On examination Pt's
oral condition, (both soft and hard
tissue) maintains good condition

Advised Scaling 1/2 teeth.



Dr. RAJENDRAN T.R.
BSc., BDS
Dental Surgeon
K.D.C., Reg. No. 1385/A
Kerala

R



SUNIL NAIR C 45Y 6198 M CHEST PA 14-02-2024 09:34 AM
DDRC AGILUS DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

X - RAY CHEST - PA

ACCESSION NO : 4036XB002371

NAME : SUNIL NAIR C

AGE : 46

SEX : MALE

DATE : 14.02.2024

COMPANY : MEDIWHEEL

EXPOSURE : GOOD

POSITIONING : CENTRAL

SOFT TISSUES : NORMAL

LUNG FIELDS : NORMAL

HEART SHADOW : NORMAL

CARDIOPHRENIC ANGLE : NO OBLITERATION

COSTOPHRENIC ANGLE : NO OBLITERATION

HILUM : NORMAL

OTHERS : NIL

OPINION : NORMAL CHEST X- RAY



Dr. Austin Varghees
Dr. Austin Varghees
MBBS
TCMC Reg. No: 77017

OPHTHALMOLOGY REPORT

ACCESSION NO: 4036XB002371

This is to certify that I have examined

MR /MS *Sunil Nair L* Aged *46* and

His / her visual standard is as follows.

Acuity of Vision

For Far R *6/6*
L *6/6*

For Near R *N-6*
L *N-8*

Colour Vision *Partially colour blindness*

DATE *14/02/24*



B. K. S.

OPTOMETRIST

Name: SUNIL NAIR C
Age/Sex: 46 yrs/M
Accession No: 4036XB002371

Report Date: 14.02.2024
Ref.by: Mediwheel

USG ABDOMEN & PELVIS

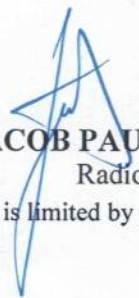
OBSERVATIONS:

- Liver:** Normal in size (15 cm). Shows increased parenchymal echotexture. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal.
- Gall bladder:** Distended. No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.
- CBD:** Not dilated.
- Spleen:** Normal in size (8.9 cm) and echotexture. No focal lesion.
- Pancreas:** Head and body appear normal. Tail obscured by bowel gas. No focal lesion. No calcification or duct dilatation noted.
- Kidneys:** Right kidney measures 10.0 x 4.2 cm.
Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
Left kidney measures 10.0 x 5.6 cm.
Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
- Ureters:** Not dilated.
- Urinary Bladder:** Partially distended.
- Prostate:** Normal in size, volume 15 cc. Shows homogenous parenchymal echotexture. No evidence of any mass lesion.
- Others:** No free fluid in the peritoneal cavity.

IMPRESSION:

- **Grade I fatty changes in liver.**




Dr. JACOB PAUL, MBBS, DMRD (DNB)
Radiologist

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

Exam

Name
Birth Date
Gender

12
SUNIL
Other

Accession #
Exam Date
Description
Sonographer

14022024

[2D] G36/118dB/FA10/P90/FS1 1



[2D] G38/118dB/FA10/P90/FS1 1



[2D] G40/118dB/FA10/P90/FS1 1



[2D] G40/118dB/FA10/P90/FS1 1

