

# MEDICAL EXAMINATION REPORT

Name S. Gandhi Gender M/F Date of Birth   
Position Selected For  Identification marks

## A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Cancer  | <input type="checkbox"/> High Blood Pressure                        |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Depression/ bipolar disorder  | <input type="checkbox"/> High Cholesterol                           |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Migraine Headaches                         |
| <input type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention |   |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes  No  Occasional

5. Smoking : Yes  No  Quit (more than 3 years)

### 6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

### 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)
  - Vigorous 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  No

### 8. Hearing :

- a. Do you have history of hearing troubles? Yes  No
- b. Do you experiences ringing in your ears? Yes  No
- c. Do you experience discharge from your ears? Yes  No
- d. Have you ever been diagnosed with industrial deafness? Yes  No

### 9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes  No
- b. Back : If Yes ; approximate date (MM/YYYY)
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes  No
- 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 handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
  - Walking: Yes  No
  - Kneeling: Yes  No
  - Squatting: Yes  No
  - Climbing: Yes  No
  - Sitting: Yes  No
  - Standing: Yes  No
  - Bending: Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

**B. CLINICAL EXAMINATION :**

a. Height 164      b. Weight 91.10      Blood Pressure 120/80 mmhg

Chest measurements:      a. Normal       b. Expanded       Pulse - 90

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

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray       ECG

Complete Blood Count       Urine routine

Serum cholesterol       Blood sugar

Blood Group       S.Creatinine

**D. CONCLUSION :**

Any further investigations required      Any precautions suggested

Endocrinological opinion      1. THYROX 50mg 1-0-0.

**E. FITNESS CERTIFICATION**

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_

\_\_\_\_\_ I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date: 24/11/21

S. Gauthi

M. Mani

**DR. S. MANI KANDAN M.D.(M.A.) (Cardio)**  
 Asst. Professor of Cardiology  
 TIRUNELVELI MEDICAL COLLEGE HOSPITAL  
 TIRUNELVELI.  
 Reg No : 61785

## Eye Examination Report

Candidate Name: Mr. Gandhi

Age/ Gender: 39 y / M

Date: 24-11-21

This is to certify that I have examined Mr./Ms. Gandhi hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	L	R	L	Normal

Doctor Signature: **Dr. S.MANIKANDAN M.D.D.M.,(Cardio)**  
Asst. Professor of Cardiology  
Doctor Stamp: **TIRUNELVELI MEDICAL COLLEGE HOSPITAL**  
**TIRUNELVELI.**  
**Reg No : 61785**

Customer Name	MR.GANDHI	Customer ID	MED120503865
Age & Gender	39Y/MALE	Visit Date	24/11/2021
Ref Doctor	MediWheel		

*Thanks for your reference*

**ECHOCARDIOGRAM WITH COLOUR DOPPLER:**

LVID d ... 5.2 cm  
 LVID s ... 3.2cm  
 EF ... 69%  
 IVS d ...0.9cm  
 IVS s ... 0.9cm  
 LVPW d ... 1.0cm  
 LVPW s ... 1.4 cm  
 LA ... 3.2cm  
 AO ... 3.1cm  
 TAPSE ... 23 mm  
 IVC ... 0.6 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 .



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Doppler:

Mitral valve : E: 0.81m/s      A: 0.55m/s  
E/A Ratio: 1.46

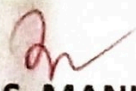
Aortic valve: AV Jet velocity: 1.82 m/s

Tricuspid valve: TV Jet velocity: 2.05 m/s      TRPG: 16.76 mmHg.

Pulmonary valve: PV Jet velocity: 1.60 m/s

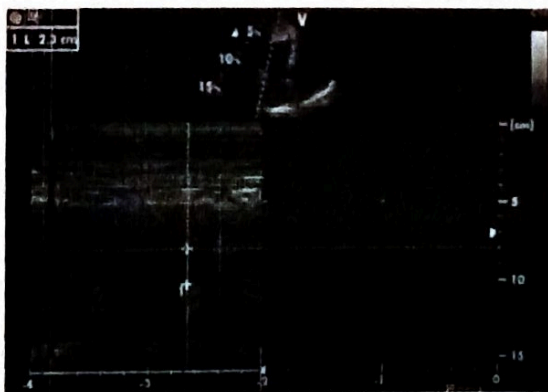
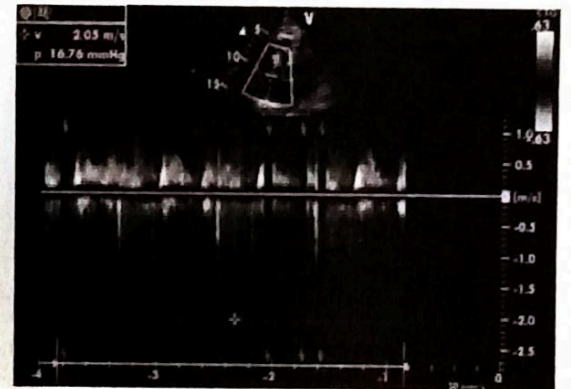
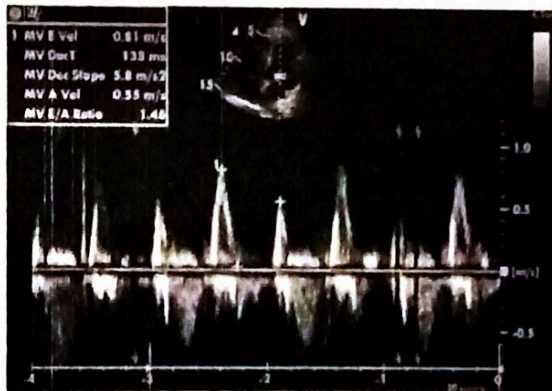
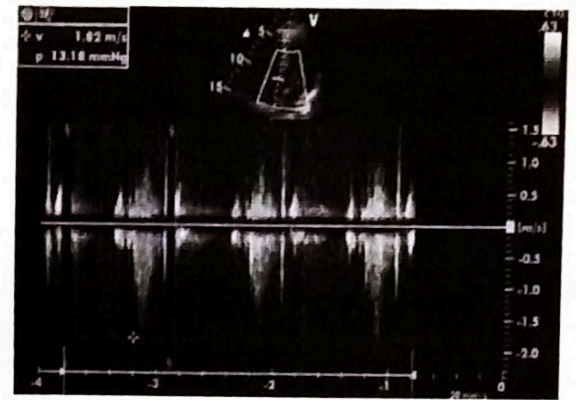
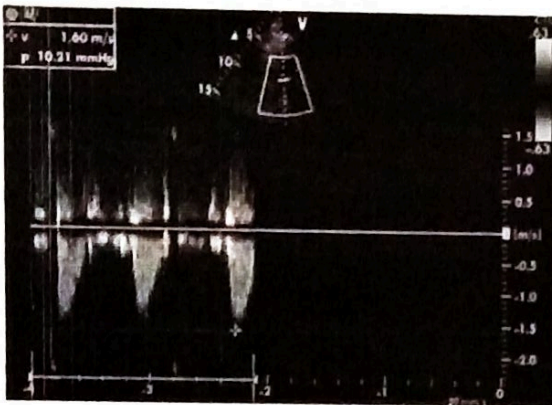
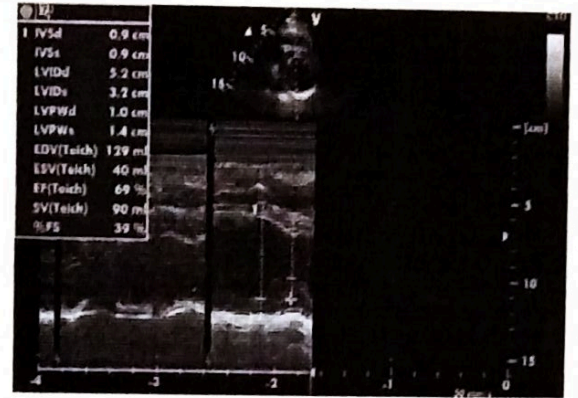
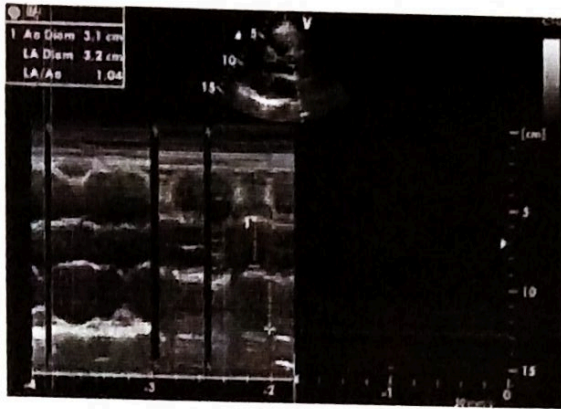
IMPRESSION:

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



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**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .  
SONOGRAM REPORT**

**WHOLE ABDOMEN**

**Liver:** The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. 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 10.9 x 4.4 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 11.0 x 4.5 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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**Prostate:** The prostate measures 3.2 x 2.8 x 3.6 cm and is normal sized.  
Corresponds to a weight of about 17.95 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 :**

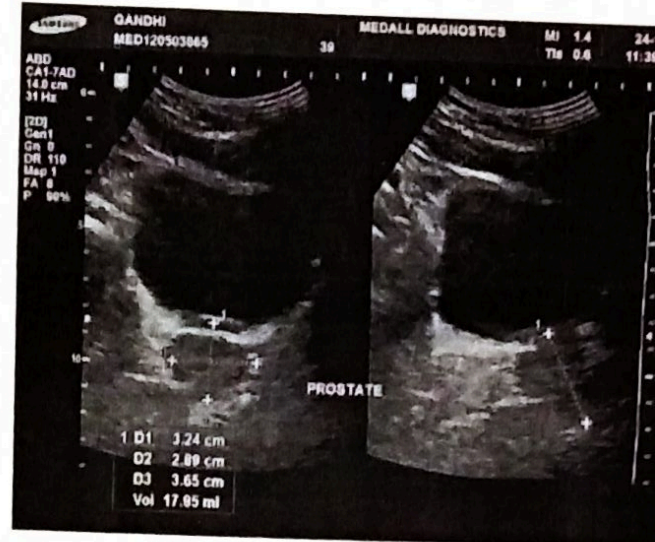
- Grade I fatty liver.

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





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**DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic 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**

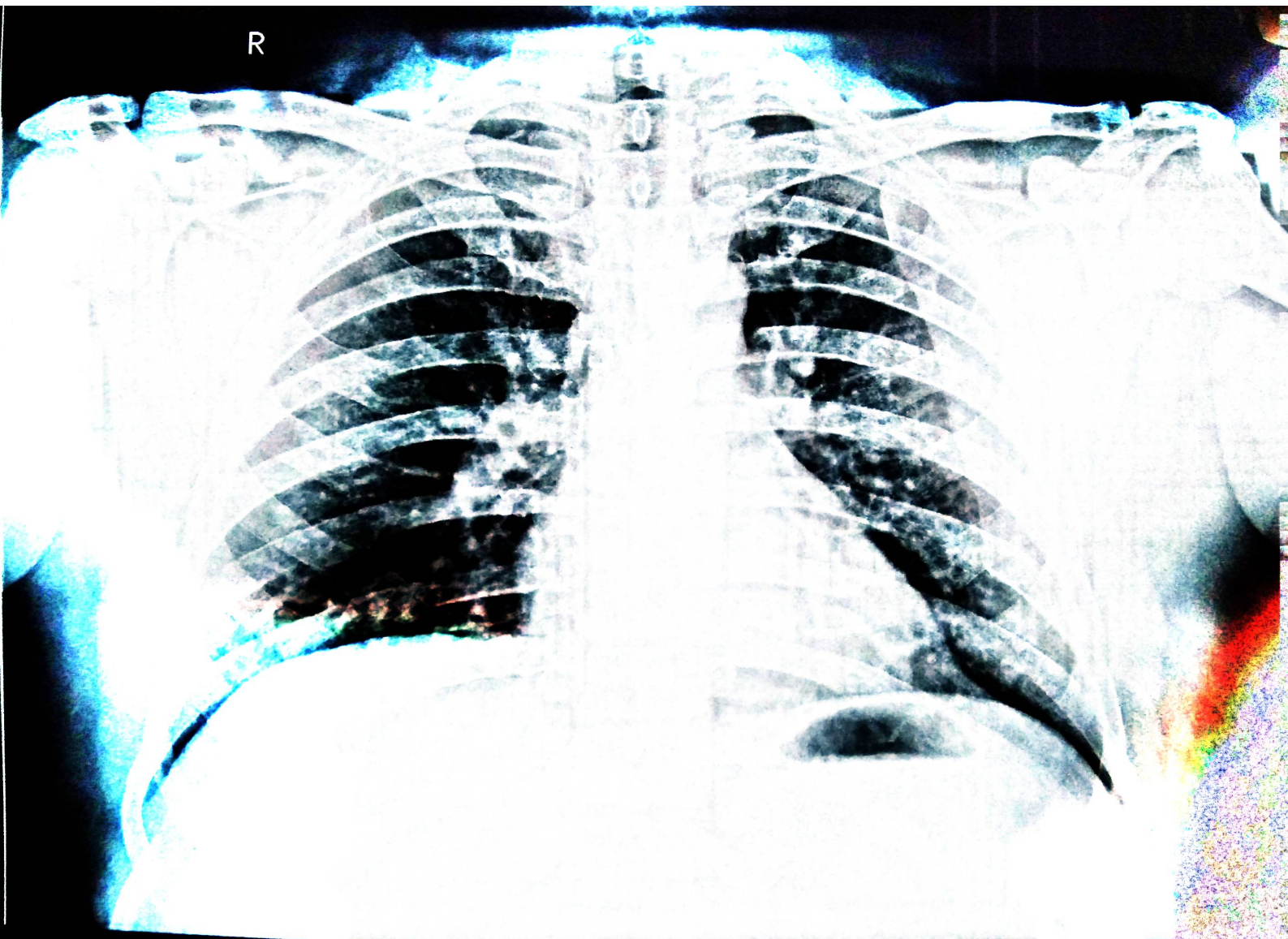


தமிழ்நாடு அரசாங்கம்  
GOVERNMENT OF TAMIL NADU

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தமிழ்நாடு அரசாங்கம், தலைநகர், தலைநகர், தலைநகர்



GANDHI 39 M MED120503865 TEN83053963844 M RT 24-Nov-21  
MEDICAL DIAGNOSTICS

Name : Mr. GANDHI  
 PID No. : MED120503865  
 SID No. : 621038643  
 Age / Sex : 39 Year(s) / Male  
 Ref. Dr : MediWheel

Register On : 24/11/2021 10:03 AM  
 Collection On : 24/11/2021 10:33 AM  
 Report On : 24/11/2021 3 15 PM  
 Printed On : 26/11/2021 12:16 PM  
 Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'O' 'Positive'

## HAEMATOTOLOGY

### Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	16.31	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	48.86	%	42 - 52
RBC Count (Blood/Impedance Variation)	05.04	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	97.01	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	32.39	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.38	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.4	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	42.10	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7280	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55.10	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35.50	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	08.60	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	00.30	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.50	%	00 - 01

**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)	4.01	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.58	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.63	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / µl	< 1.0

The results pertain to sample tested.

Page 1 of 5

*B. Supraja*  
 DR SUPRAJA B MD  
 Consultant Pathologist  
 Reg NO - 95961



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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	279	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived from Impedance)	07.04	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	5	mm/hr	< 15

**BIOCHEMISTRY**

BUN / Creatinine Ratio	6.79		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	102.4	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)	112	mg/dL 70 - 140

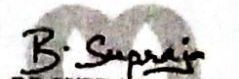
**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin 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)	7.4	mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe)	1.1	mg/dL 0.9 - 1.3
Uric Acid (Serum/Enzymatic)	7.6	mg/dL 3.5 - 7.2

**Liver Function Test**

Bilirubin(Total) (Serum)	0.60	mg/dL 0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL 0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL 0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	55.1	U/L 5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	78.0	U/L 5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	48.8	U/L < 55

  
**DR SUPRAJA B. MD**  
 Consultant Pathologist  
 Reg NO 95061

The results pertain to sample tested.

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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number customer id during your subsequent visits.

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	77.6	U/L	53 - 128
Total Protein (Serum/Biuret)	6.8	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.1	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	1.70	gm/dL	2.3 - 3.6
A/G RATIO (Serum/Derived)	3.00		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	245.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	164.3	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.

LDL Cholesterol (Serum/Immunoinhibition)	49	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	163.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
LDL Cholesterol (Serum/Calculated)	32.9	mg/dL	< 30
HDL Cholesterol (Serum/Calculated)	196.1	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. 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.

  
 DR SUPRAJA B. MD  
 Consultant Pathologist  
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<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	5		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
<b>Triglyceride/HDL Cholesterol Ratio</b> TG/HDL) (Serum/Calculated)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b>Glycosylated Haemoglobin (HbA1c)</b>			
<b>HbA1C</b> (Whole Blood/Ion exchange HPLC by 10)	5.7	%	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) 116.89 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**

<b>(Triiodothyronine) - Total</b> (Serum/ chemiluminescent Immunometric Assay (CLIA))	1.50	ng/ml	0.7 - 2.04
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**INTERPRETATION:**

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

<b>(Tyroxine) - Total</b> (Serum/ chemiluminescent Immunometric Assay (CLIA))	9.61	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**  
 Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as Metabolically active.

*B. Supraj*  
**DR SUPRAJA B MD**  
 Consultant Pathologist  
 Reg NO - 95961

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	17.00	µIU/mL	0.35 - 5.50

**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 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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**CLINICAL PATHOLOGY**

Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
WBCs (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	1-2	/hpf	NIL

-- End of Report --

*B. Supraja*  
DR SUPRAJA B MD  
Consultant Pathologist  
Reg NO : 98961

These results pertain to sample tested.

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120503865/Gandhi 39Yrs/Male 91 Kgs/167 Cms BP: \_\_\_/\_\_\_ HR: 59 bpm

PR Interval: 154 ms  
QRS Duration: 84 ms  
QT/QTc: 387/385ms  
P-QRS-T Axis: 44 63 40 (Deg)

Ref: MEDI WHEEL Test Date: 24-Nov-2021 11:00:16 | Notch: 50Hz 0.05Hz 35Hz 10mm/mV 25mm/Sec

