

Fwd: Health Check up Booking Confirmed Request(bobE41186),Package Code-  
PKG10000236, Beneficiary Code-30554

Abhay Singh <abhaysingh.jan@gmail.com>

Wed 6/28/2023 1:43 PM

To:Zero Mile Branch, Barauni, Bihar <ZEROMI@bankofbaroda.com>

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी  
**\*\*CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Mon, 26 Jun, 2023, 16:02

Subject: Health Check up Booking Confirmed Request(bobE41186),Package Code-PKG10000236,  
Beneficiary Code-30554

To: <[abhaysingh.jan@gmail.com](mailto:abhaysingh.jan@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

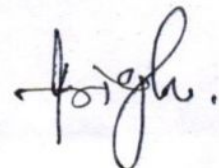
Dear **MR. SINGH ABHAY KUMAR,**


Please find the confirmation for following request.

**Booking Date** : 23-06-2023  
**Package Name** : Medi-Wheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Amar Jyoti Hospital  
**Address of Diagnostic/Hospital** : Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134  
**Contact Details** : 8521712741  
**City** : Begusarai  
**State** : Bihar  
**Pincode** : 851134  
**Appointment Date** : 30-06-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-12:00pm  
**Comment** : APPOINTMENT TIME 8:30AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.






 **उदियर**  
[Redacted]  
[Redacted] Ministry of India

**पता:**  
S/O जयदेव प्रसाद सिंह, वॉर्ड - 04,  
दनियालपुर, नगर पंचायत तेघरा के  
सामने, तेघरा, बेगुसराई,  
बिहार - 851133

**Address:**  
S/O Jaideo Prasad Singh, ward  
- 04, daniyalpur, opposite nagar  
panchayat teghra, Teghra,  
Begusarai,  
Bihar - 851133

**7995 1984 4277**

  [help@uidai.gov.in](mailto:help@uidai.gov.in)  [www.uidai.gov.in](http://www.uidai.gov.in)

 [Redacted]  
[Redacted]



**अभय कुमार सिंह**  
**ABHAY KUMAR SINGH**  
जन्म तिथि/ DOB: 01/01/1975  
पुरुष / MALE

**7995 1984 4277**



**मेरा आधार, मेरी पहचान**

- Singh.

Mobile NO: 8210294592

# MEDICAL EXAMINATION REPORT

Name ABHAY KOMAR SINHA Gender M / F Date of Birth 01/01/1975

Position Selected For BUSINESS ASSOCIATE Identification marks A SCARF MARK OVER CHIN

## 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 checked="" 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 checked="" type="checkbox"/> Any other serious problem for which you are receiving medical attention |   |

2. List the medications taken Regularly.

N/O

3. List allergies to any known medications or chemicals

N/O

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>  | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
- 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	<input type="text"/>	b. Weight	<input type="text"/>	Blood Pressure	<input type="text" value="130/70 mmhg"/>
Chest measurements:	a. Normal <input type="text"/>	b. Expanded	<input type="text"/>		
Waist Circumference	<input type="text"/>	Ear, Nose & Throat	<input type="text" value="WNL"/>		
Skin	<input type="text" value="NORMAL"/>	Respiratory System	<input type="text" value="BAEΘ"/>		
Vision	<input type="text" value="NORMAL 6/6"/>	Nervous System	<input type="text" value="NENP"/>		
Circulatory System	<input type="text" value="WNL"/>	Genito-urinary System	<input type="text" value="WNL"/>		
Gastro-intestinal System	<input type="text" value="WNL"/>	Colour Vision	<input type="text" value="NORMAL"/>		

Discuss Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray	<input type="text" value="WNL"/>	ECG	<input type="text" value="WNL"/>
Complete Blood Count	<input type="text" value="Hb: B. 0g% T: 6.9g%"/>	Urine routine	<input type="text" value="WNL"/>
Serum cholesterol	<input type="text" value="137mg/l"/>	Blood sugar	<input type="text" value="FBS - 95 + HPPBS - 114"/>
Blood Group	<input type="text" value="AB +ve"/>	S.Creatinine	<input type="text" value="1.1 mg/dl"/>

**D. CONCLUSION :**

Any further investigations required	<input type="text"/>	Any precautions suggested	<input type="text"/>
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**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 : 30/06/2021



Signature of Medical Adviser

## Eye Examination Report

Candidate Name: **ABHAY KUMAR SINGH**

Age/ Gender: **48 | M**

Date: **30/06/2023**

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

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<b>6/6</b>	L	<b>6/6</b>	

Doctor Signature: **Dr. Chandra Shekhar Kumar**  
Doctor Stamp: **AMAR JYOTI HOSPITAL**  
**MB.B.S. MD (OPHTHALMOLOGY)**  
**REG. NO. 54129**



# AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 887770366, 8873831650

Abhyta Singh  
Seyun @ 2/2

Case for Heart check up

Plm - 100

BP: 130/90 mm  
PR: 130  
HR: 97/120

Food  
CBE  
FBS  
PDBR  
RFT  
CET  
BUN  
Ca  
Hb  
TFT  
Hyp  
CRP  
ESR  
Abn  
etc



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PATIENT NAME:-ABHAY KR.SINGH  
AGE:-48/M

ADDRESS:BEGUSARAI

DATE:-30/06/2023

## \*\*USG-ABDOMEN REPORT \*\*

**LIVER:-** liver is normal in size(.cranio cadually- 120mm)no focal or diffuse fatty changes.I.H.D are not dilated P.V is **normal**

**GB: - G.B.** is normal in size and volume.no calculus or mass seen in the g.b lumen

**C.B.D:** C.B.D appear normal .no calculas seen

**PANCREAS:** pancreas appear normal .

**SPLEEN:** spleen is normal in size and echotexture normal

**KIDNEY:** both kidney are normal in size , no calculus is seen in both kidneys.

**U.BLADDER:** it is of normal capacity . no calculus or mass seen

**PROSTATE:-** normal in size

**IMPRESSION :-** normal study



30.06.2023 9:58:46  
Amar jyoti Hospital, Beusarai

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

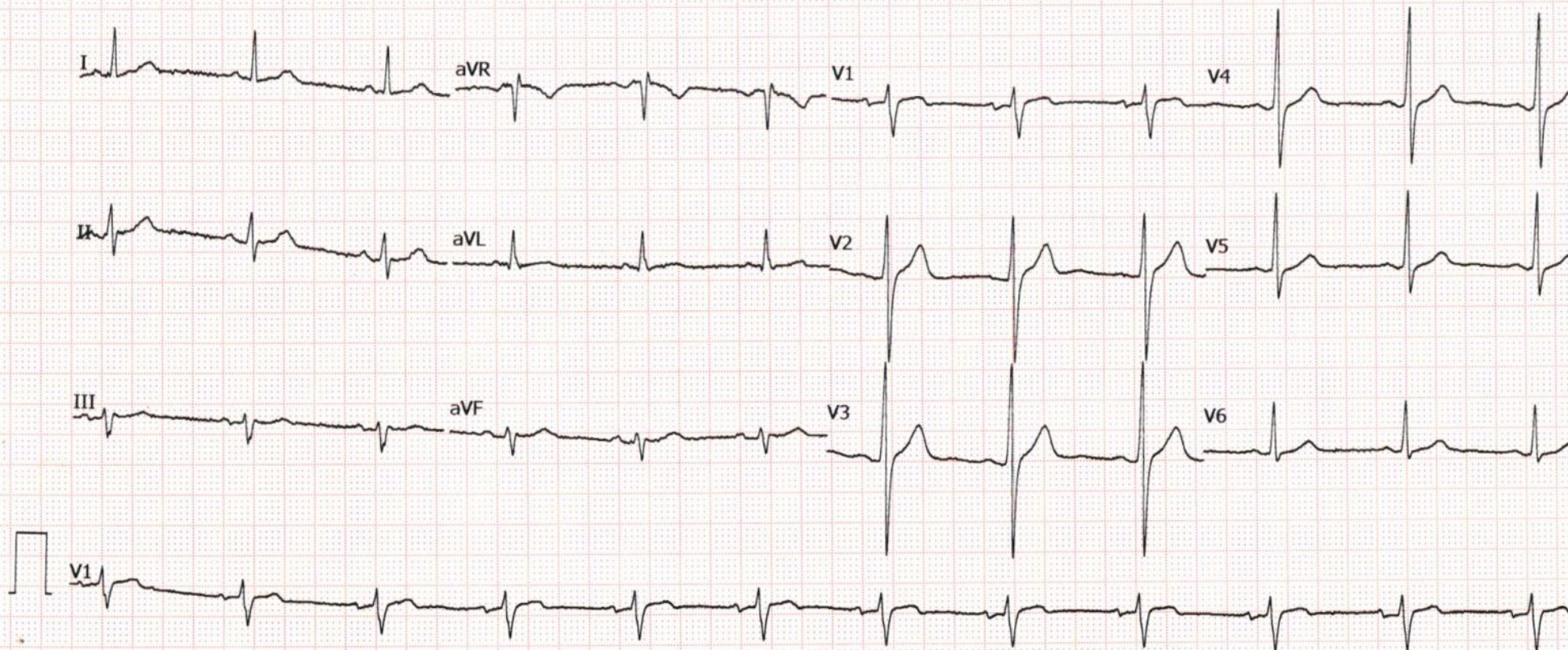
70 bpm  
-- / -- mmHg

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 98 ms  
QT / QTcBaz : 360 / 388 ms  
PR : 158 ms  
P : 110 ms  
RR / PP : 862 / 857 ms  
P / QRS / T : 48 / -10 / 35 degrees

Normal sinus rhythm  
Normal ECG





**DR. SASHIBHUSHAN**  
M.D. Pathologist (BHU)  
Reg. No. : 52264

**MD. SHAHNAWAZKHAN**  
B.M.L.T.  
Reg. No. : BR1822

**JAMAR  
JYOTI**  
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- ABHAY KUMAR SINGH

Date:30/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**Haematological Test Report**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<u>Complete Blood Count</u>			
Haemoglobin :	13.0	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count :	6,900	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil :	78	%	40-70
Lymphocyte :	19	%	20-40
Eosinophil :	02	%	01-09
Monocyte :	01	%	02-10
Basophil :	00	%	00-05
<u>RBC Indices</u>			
R.B.C.Count :	4.43	mil./cumrn	3.9-5.6
Haematocrit (PCV) :	38.9	%	36-47
MCV :	87.9	fL	75-96
MCH :	29.3	pg	27-32
MCHC :	33.4	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count :	1,69,000	/cumm	150000-400000
ESR :	16	mm/1 <sup>st</sup> hr.	00-15

\*\*\* End of report\*\*\*



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

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Date:30/06/2023

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Sex M Age:48Y

**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Bilirubin Total	1.4	mg/dl	up to 1.2
Conjugate	0.5	mg/dl	up to 0.4
Unconjugate	0.9	mg/dl	up to 0.8
SGPT	55.0	U/L	up to 40
SGOT	44.0	U/L	up to 38
Alkaline Phosphatase	131	U/L	37-167
<b>S.Protein</b> Total	6.2	gm%	6.0-8.0
Albumin	3.9	gm%	3.7-5.3
Globulin	2.3	gm%	1.5-3.5
A/G Ratio	1.69		1.0-2.0

\*\*\*End of report\*\*\*



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Patient Name:- ABHAY KUMAR SINGH

Date:30/06/2023

Ref by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
B.Urea	31.0	mg/dl	17-45
S.Creatinine	1.1	mg/dl	0.6-1.4
S.Uric Acid	6.2	mg/dl	2.5-7.0
S.Sodium	138	m mpl/L	135-155
S.Potassium	4.1	m mpl/L	3.5-5.5
S.Chloride	99.1	meq/L	97-109
S.Calcium	8.1	mg%	8.5-10.5
Blood group Rh	'AB' Positive		

\*\*\*End of report\*\*\*



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Sex M Age:48Y

**LIPID PROFILE**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Triglyceride	115	mg%dl	10-170
Total Cholesterol	137	mg%dl	130-200
H.D.L.Cholesterol	42	mg%dl	40-75
L.D.H.Cholesterol	95	mg%dl	80-120
TC/HDL Cholesterol	3.26	Ratio	3.0-5.0
LDL/HDL	2.26	Ratio	1.5-3.5
V.L.D.L Cholesterol	23	mg%dl	07-30

\*\*\* End of report\*\*\*



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Patient Name:- ABHAY KUMAR SINGH

Date:30/06/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**BLOOD GLUCOSE EXAMINATION**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Fasting Blood Sugar	95.0	mg/dl	70-110
2Hrs After Lunch (PP)	119	mg/dl	80-140

\*\*\*End of report\*\*\*



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Patient Name:- ABHAY KUMAR SINGH

Date:30/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
HbA1c(HPLC)	5.05	%	5.7-6.4
Average Blood Glucose(ABG):	90.62	mg/dL	90-120

\*\*\*End of report\*\*\*



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Reg. No. : BR1822

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Patient Name:- ABHAY KUMAR SINGH

Date:30/06/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
T3, Total	1.43	ng/mL	0.80-2.00
T4, Total	9.21	ng/mL	4.87-13.72
TSH	1.49	µU/mL	0.35-4.94

\*\*\*End of report\*\*\*



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Date:30/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:48Y

**URINE REPORT**

**PHYSICAL EXAMINATION:**

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.0

DEPOSITS : Present

REACTION : Acidic

SP.Gravity :1.025

**CHEMICAL EXAMINATION:**

PROTEIN : Nil

BILE PIGMENT: Absent

UROBILINOGEN: Absent

NITRITE : Neagtive

SUGAR : Nil

BILI SALT : Absent

KETONE BODIES: Absent

**MICROSCOPIC EXAMINATION:**

EPITHELIAL CELL: 0-2/hpf

PUS CELL : 1-2/hpf

CASTS : Absent

BACTERIA : Absent

RBC : NIL

Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

\*\*\* End of report\*\*\*







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Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 887770366, 8873831650

Invoice No. :  
Date : 01-07-2023  
Page No. : 1

To Arcofemi Healthcare Limited  
F701 A, Lado Sarai, New Delhi - 110030

PAN : AAJCA5811D  
CIN : U24240DL2011PLC216307  
GSTN : 07AAJCA5811D2ZZ

No.	Candidate Name	Package Name	Dt of Appointment	Quantity	Rate	Amount ( in Rs.)
1	Abhay kr.singh	full body health checkup-male below 40	30-06-2023	1	2,250.00	2,250.00
			Total			2,250

Amount In Word- Rs. two thousand two hundred fifty only

E. & O.E.

Invoice Details: in f/o amar jyoti hospital

For : Hospital // Diagnostic Name

AMAR JYOTI HOSPITAL



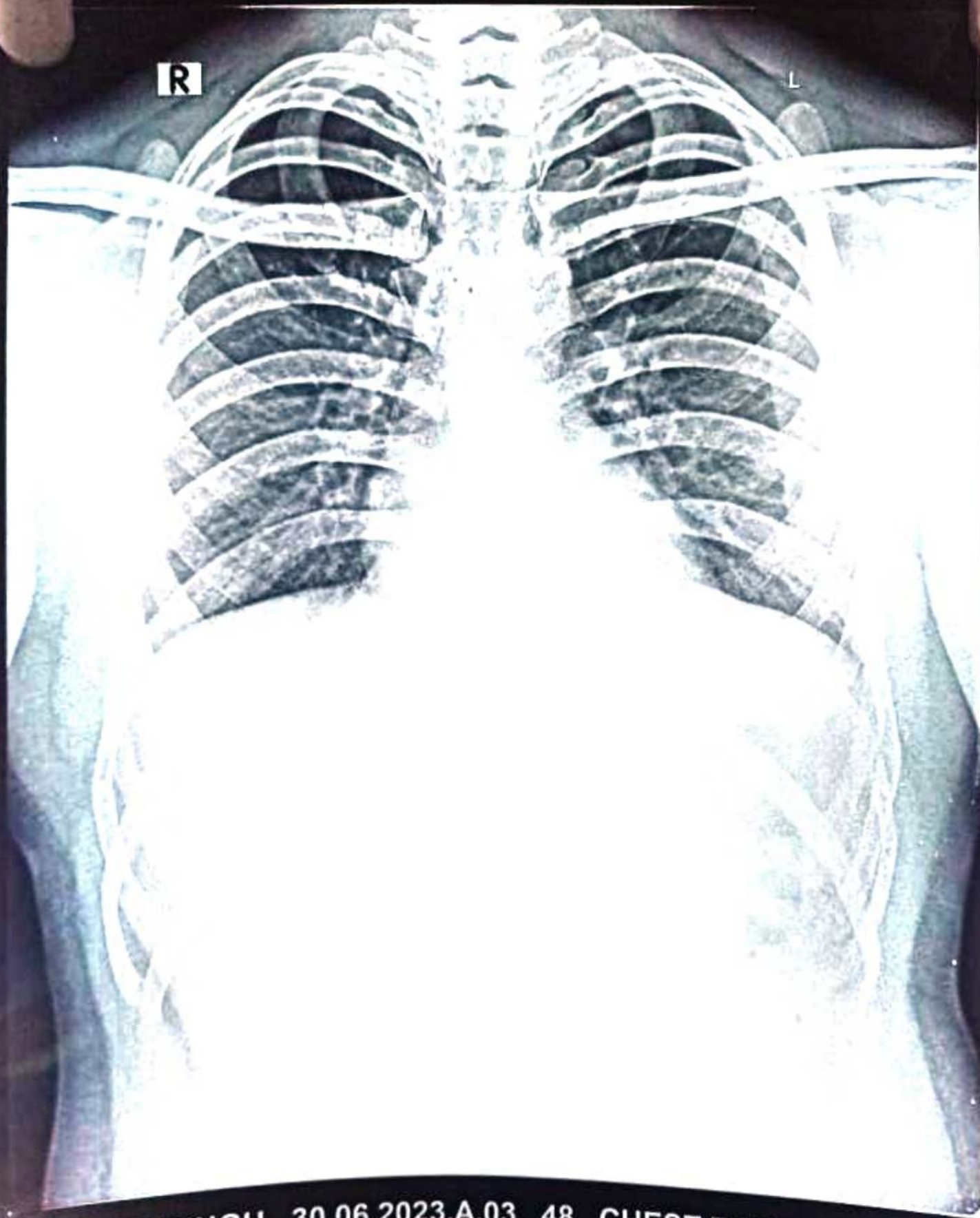
Signatory



Affordable ICU care by ICU Specialists.



Not Valid for Medico Legal Purpose



ABHAY KR.SINGH 30.06.2023.A.03 48 CHEST,FRN P->A 30-JUNE  
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.