

Name : Mr. MUTHURAJ B
PID No. : MED121412852
SID No. : 622022293
Age / Sex : 40 Year(s) / Male
Ref. Dr : MediWheel

Register On : 08/10/2022 11:30 AM
Collection On : 08/10/2022 11:39 AM
Report On : 09/10/2022 12:28 PM
Printed On : 10/10/2022 2:06 PM
Type : OP



Investigation	Observed Value	Unit	Biological Reference Interval
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IMMUNOHAEMATOLOGY

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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	14.66	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	44.84	%	42 - 52
RBC Count (Blood/Impedance Variation)	05.36	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	83.69	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.36	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.69	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.7	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	37.20	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	8680	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	58.50	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	29.60	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02.90	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08.50	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.50	%	00 - 02

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)	5.08	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	2.57	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.25	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.74	$10^3 / \mu\text{l}$	< 1.0

Gumpala
DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

The results pertain to sample tested.

Saravanan
Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	350	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	07.17	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	15	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	7.9		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.7	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

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) 113.0 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) Trace Negative

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) 7.89 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.99 mg/dL 0.9 - 1.3

Uric Acid (Serum/Enzymatic) 4.3 mg/dL 3.5 - 7.2

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) 6.0 % 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) 125.5 mg/dL

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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.

Liver Function Test

Bilirubin(Total) (Serum)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.65	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	39.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	47.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.20	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.57		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	211.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	184.1	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 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.

HDL Cholesterol (Serum/Immuno inhibition)	51.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	123.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	36.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	160.4	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.6	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.13	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

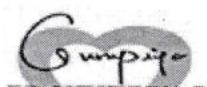
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

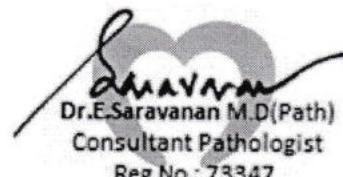
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.92	μg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

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


DR GURUPRIYA J
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Investigation

TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))

Observed Value

Unit

Biological Reference Interval

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.

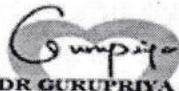
3.Values & 0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

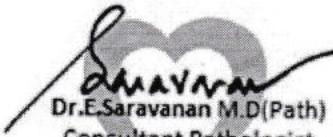
Urine Analysis - Routine

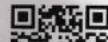
Colour (Urine)	Pale Yellow	Yellow to Amber	
Appearance (Urine)	Clear	Clear	
Protein (Urine)	Negative	Negative	
Glucose (Urine)	Negative	Negative	
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


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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 10.9 x 4.1 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 10.6 x 5.3 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 2.8 x 2.0 x 2.0 cm and is normal sized.
 Corresponds to a weight of about 5.99 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 :

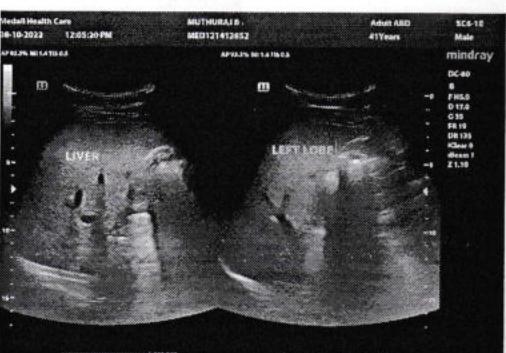
- No significant abnormality.



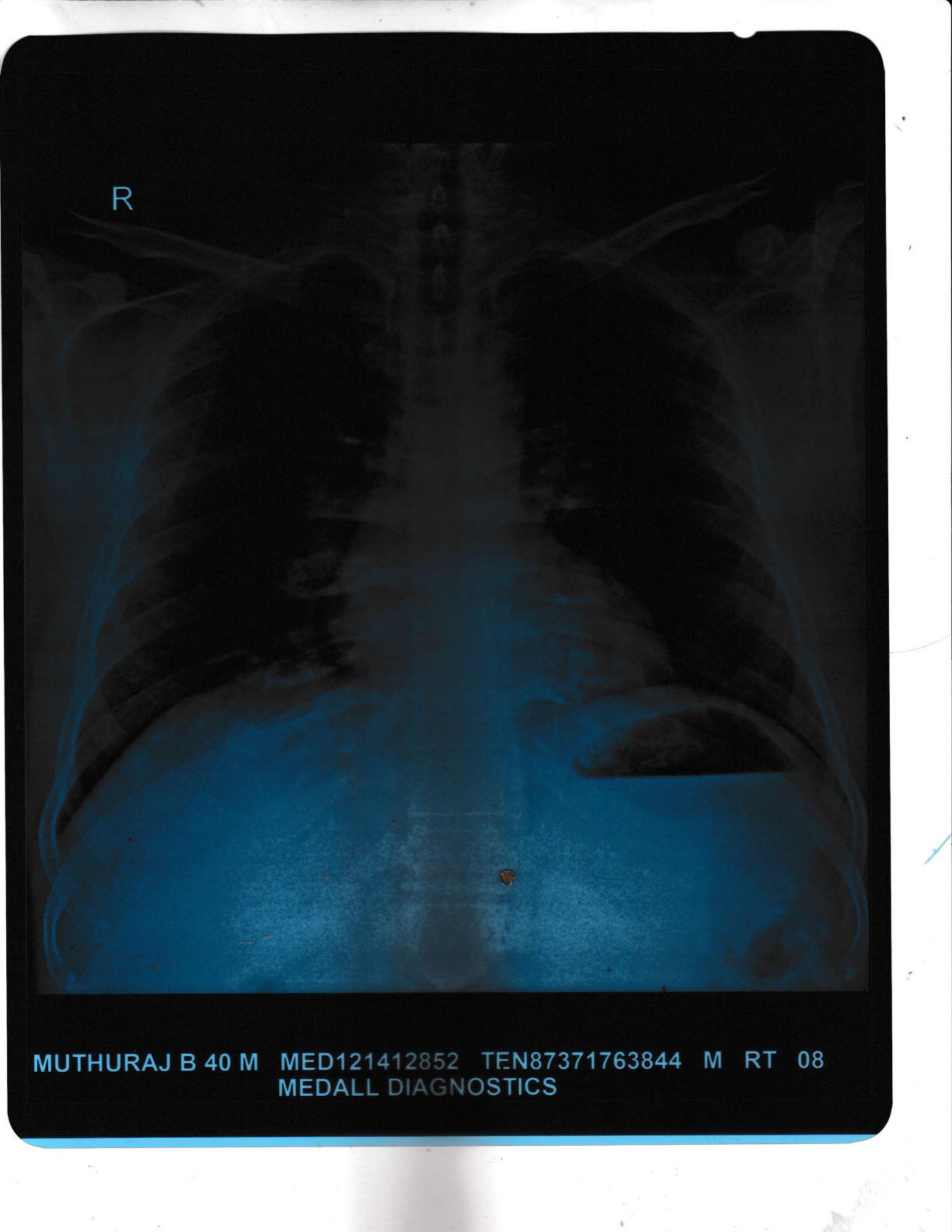
DR. PRARTHANA ANTOLINE ABHIA, DNB RD.,
CONSULTANT RADIOLOGIST.



Customer Name	MR.MUTHURAJ B	Customer ID	MED121412852
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R



MUTHURAJ B 40 M MED121412852 TEN87371763844 M RT 08
MEDALL DIAGNOSTICS

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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.

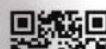
IMPRESSION:

❖ NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



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

Reg No 112512



HR 76 bpm

AI: 241 ST: 301 [4] DA: 1 MD: 1 DIAGNOSTIC: TRIPLE LUE

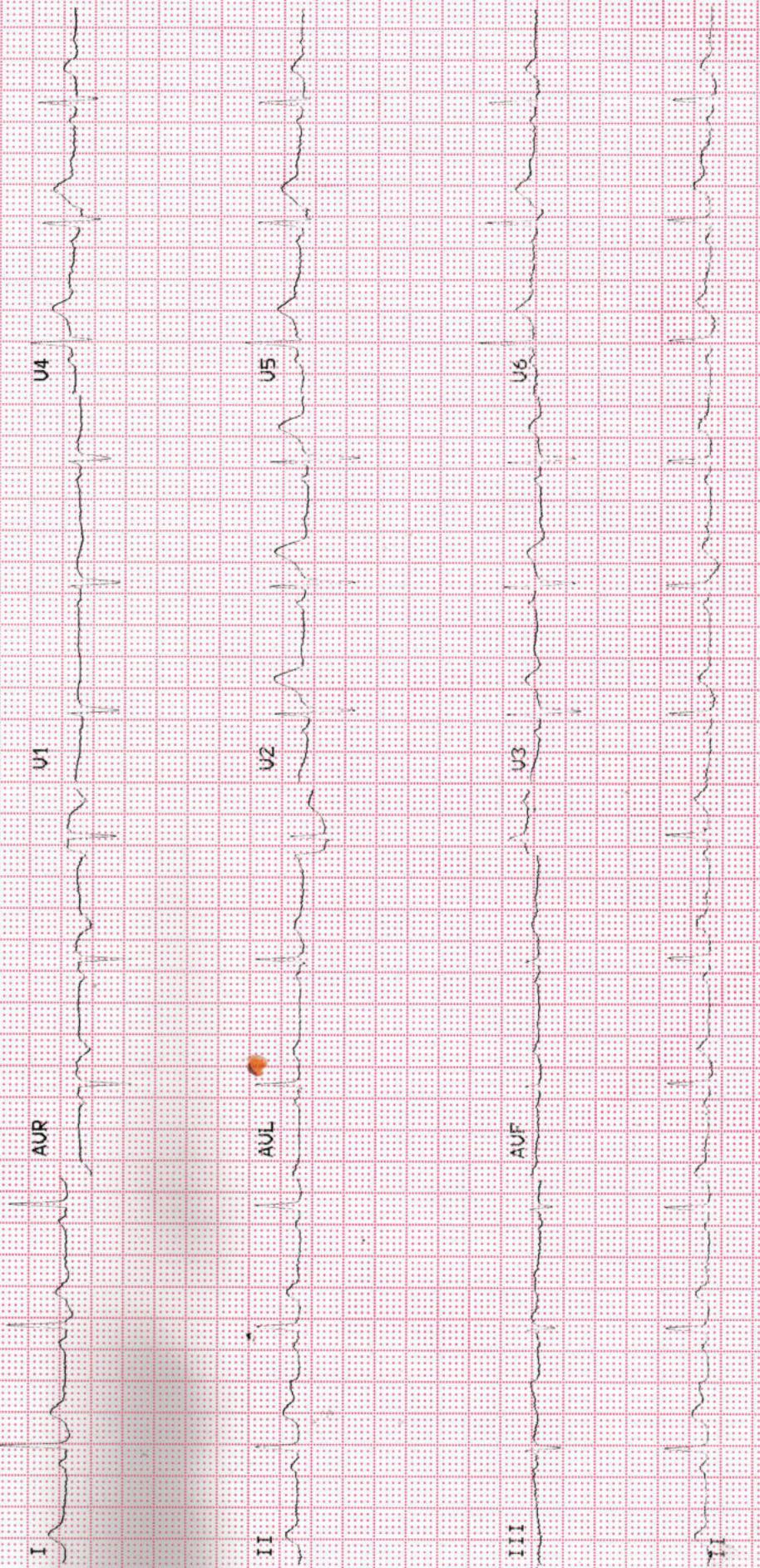
Measurement Results:

	TCB	352 /	84 ms	< P	-90	< T	< QRS	AUL	0 I
P		764 /	720 ms						
S/T		0/ 10/	40 degrees						
QTcBD		56 /	63 ms	III	+90	II			
low			1.3 mV	aVF					10

Interpretation:

slightly depressed ST segment (lateral)
borderline ECG

unconfirmed report.



01 2001 12 07 40 AM 25mm/s 1.0mm/mv ADT 30mZ 0.06 mm/mm²

ECG

N-N-0.0

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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.4 cm
 LVID s ... 2.6cm
 EF ... 71%
 IVS d ... 0.8cm
 IVS s ... 0.8cm
 LVPW d ... 0.9cm
 LVPW s ... 1.2 cm
 LA ... 3.0cm
 AO ... 2.9cm
 TAPSE ... 23mm
 IVC ... 1.0 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: 0.80m/s A: 0.68m/s
 E/A Ratio: 1.18 E/E: 8.52

Aortic valve: AV Jet velocity: 1.83 m/s

Tricuspid valve: TV Jet velocity: 2.49 m/s TRPG: 24.86mmHg.

Pulmonary valve: PV Jet velocity: 1.58 m/s

IMPRESSION:

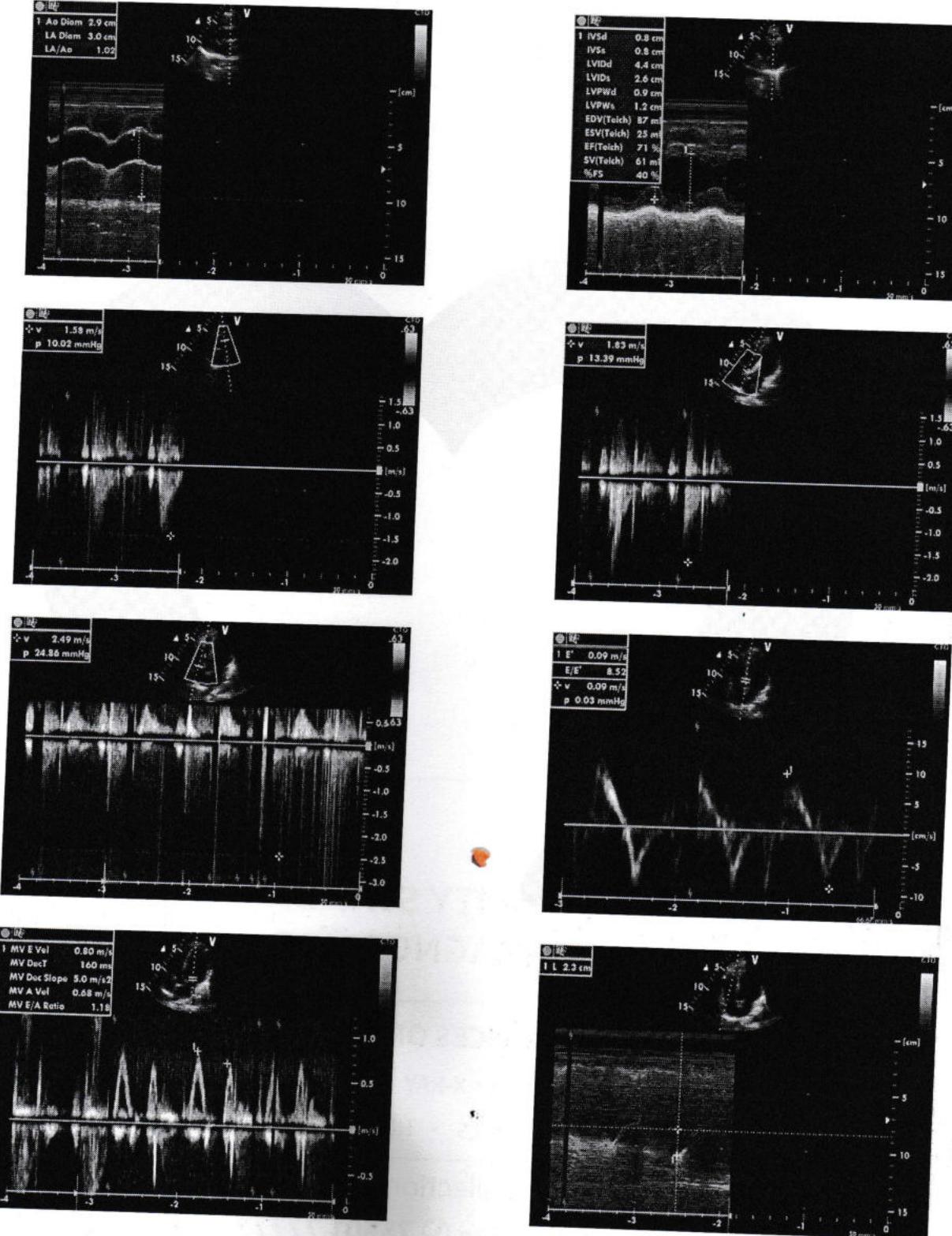
1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



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

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

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Age & Gender	40Y/MALE	Visit Date	08/10/2022
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MEDICAL EXAMINATION REPORT

Name Mutturaj. B

Gender

M / F

Date of Birth

15/04/1981

Position Selected For

Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following cooditions? (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"/> Asthma, 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 |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for
which you are receiving medical attention | (Hay Fever) |

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?
- b. Do you experiences ringing in your ears?
- c. Do you experience discharge from your ears?
- d. Have you ever been diagnosed with industrial deafness?

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

9. Musculo - Skeletal History

- a. Neck :
- b. Back :
- c. Shoulder, Elbow, Wrists, Hands
- d. Hips, Knees, Ankles, Legs

Have you ever injured or experienced pain?

If Yes ; approximate date (MM/YYYY)

Consulted a medical professional ?

Resulted in time of work?

Surgery Required ?

Ongoing Problems ?

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

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 150

b. Weight 61

Blood Pressure

120 / 80 mmhg

Chest measurements:

a. Normal

b. Expanded

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 :-

111P-36

Pulse - 92

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

—

—

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 : 8.10.22

JM

Signature of Medical Adviser
Dr. S. MANIKANDAN M.D.D.M., (Cardio)
Associate Professor of Cardiology

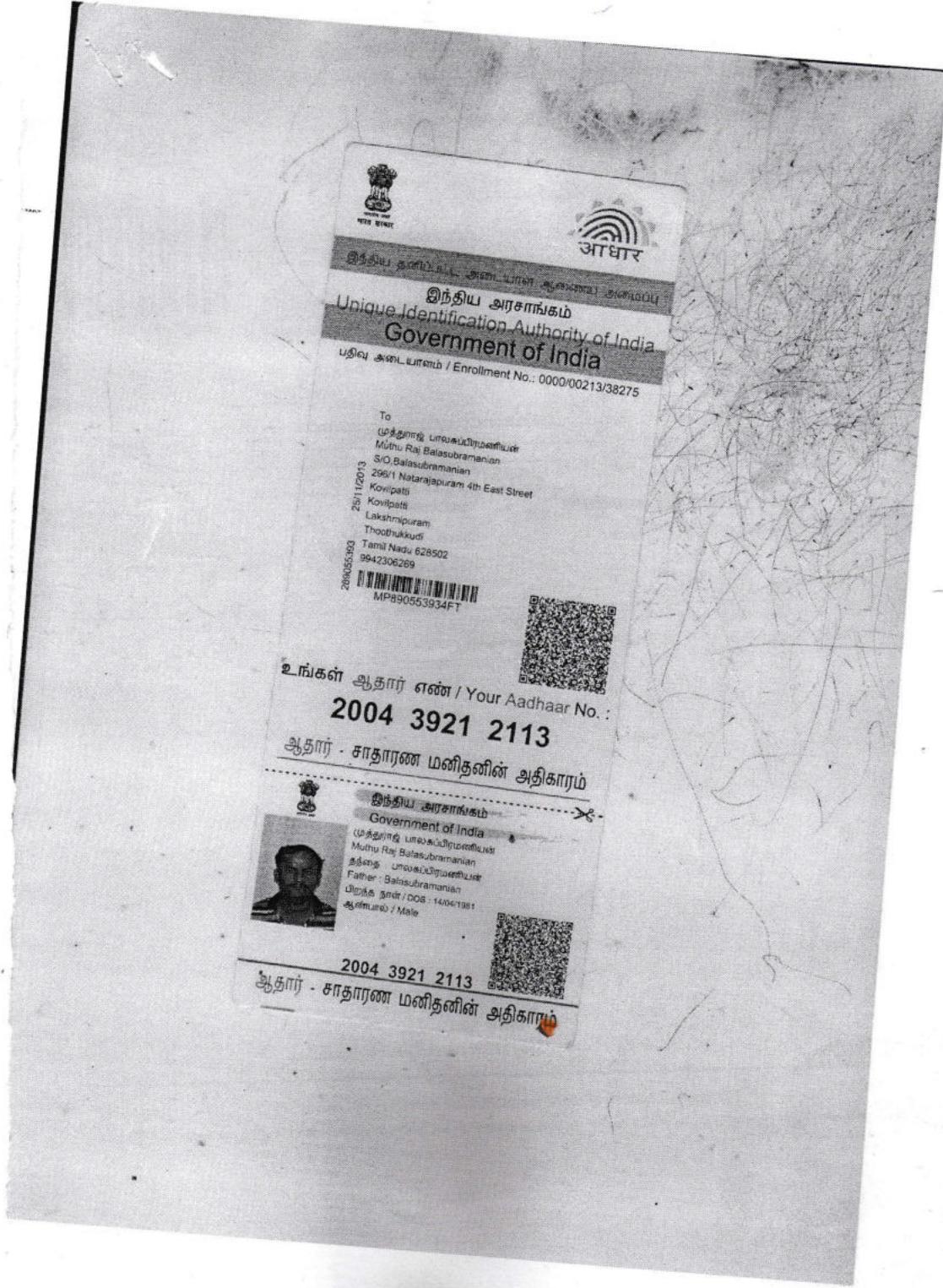
Customer Name	MR.MUTHU RAJ.B	Customer ID	MED121412852
Age & Gender	40/m	Visit Date	08/10/22

Eye Screening

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

	Right Eye	Left Eye
Near Vision	N16	N16
Distance Vision	919	919
Colour Vision	Normal	Normal

Observation / Comments: NIL





Government of India



AADHAAR

தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியிருப்புக்கு அல்ல
- அடையாள சான்றை இணையதளம் மூலம் உறுதிப்படுத்திக் கொள்ளலும்.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ஆதார் நாடு முழுவதிலும் கெலவுபடியாகும்.
- வருங்காலத்தில் அரசு மற்றும் அரசு செலவுகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

தேசிய அடையாளம் அமைச்சர் அமைச்சர் அமைச்சர்
Unique Identification Authority of India

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