





अंजनी कुमार सिंह ANJANI KUMAR SINGH जन्म तिथि / DOB : 29/10/1987 पुरुष / Male

भारत सरकार Government of India



# 3714 0712 6107 मेरा आधार, मेरी पहचान

आधार



Latitude 25.305364° LOCAL 09:20:06 GMT 03:50:06 Longitude 82.979042°

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SUNDAY 10.08.2023 ALTITUDE 37 METER

## **Chandan Diagnostic**

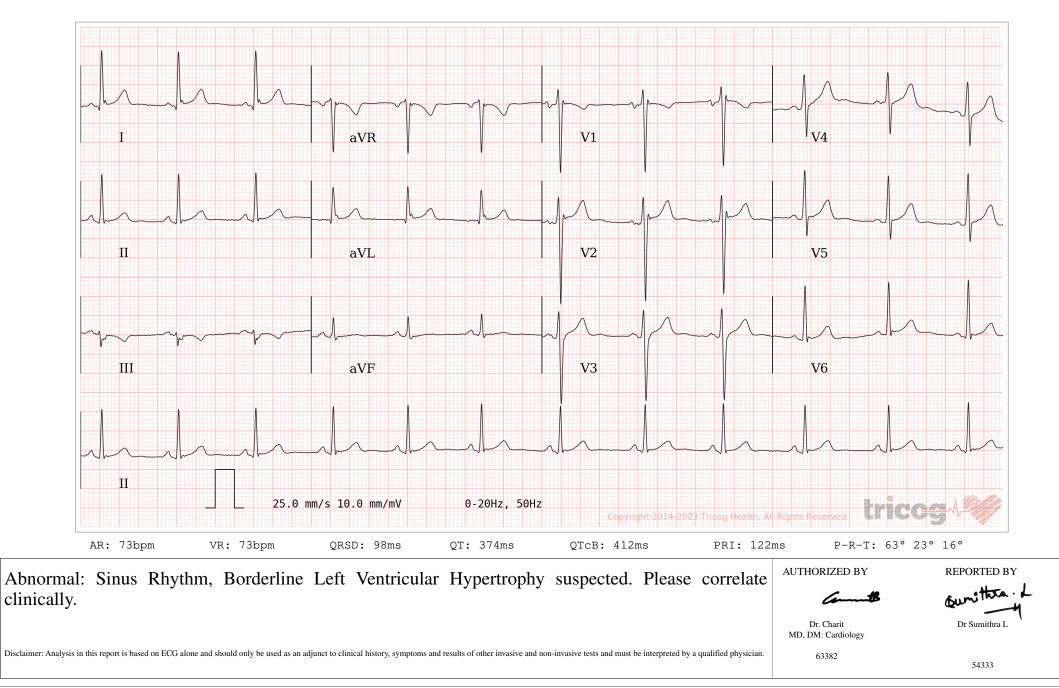


Age / Gender: 36/Male Patient ID:

Date and Time: 8th Oct 23 1:15 PM

CVAR0061482324

Patient Name: Mr.ANJANI KUMAR SINGH - BOBE46671



	CHANDAN	<b>DIAGNOS</b>	TIC CENT	ſRE	
Chandan		Mahmoorganj,Varanasi			30
	Ph: 9235447795,0542-				YEARS
Since 1991	CIN : U85110DL2003	PLC308206			Cuntor
Patient Name	: Mr.ANJANI KUMAR SIN	IGH - BOBE46671	Registered (	On : 08/Oct/2023 08	3:49:17
-	: 36 Y 0 M 0 D /M		Collected	: 08/Oct/2023 09	
	: CVAR.0000042442		Received	: 08/Oct/2023 09	
	: CVAR0061482324		Reported	: 08/Oct/2023 10	0:43:40
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	
	MEDIWHEE	DEPARTMENT BANK OF BABOL		DLOGY MALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
1 \	) & Rh typing) * , Bloc				
Blood Group		В			ERYTHROCYTE MAGNETIZED
					TECHNOLOGY / TUBE
					AGGLUTINA
Rh ( Anti-D)		POSITIVE	2		ERYTHROCYTE
					MAGNETIZED
					TECHNOLOGY / TUBE
					AGGLUTINA
Complete Blood (	ount (OBC) * , Whole E	Blood			
		13.30	a (di	1 Day 14 5 22 5 g/dl	
Haemoglobin		13.30	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl	
			a start	1 Mo- 10.0-18.0 g/dl	
				3-6 Mo- 9.5-13.5 g/dl	
				0.5-2 Yr- 10.5-13.5 g/dl	
				2-6 Yr- 11.5-15.5 g/dl	
				6-12 Yr- 11.5-15.5 g/dl	
				12-18 Yr 13.0-16.0 g/dl	
				Male- 13.5-17.5 g/dl	
	(			Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>		9,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neuti	rophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR					
Observed		10.00	Mm for 1st hr.		
Corrected		6.00	Mm for 1st hr.	< 9	
PCV (HCT)		41.90	%	40-54	
Platelet count					
Platelet Count		2.36	LACS/cu mm	1.5-4.0	ELECTRONIC
					IMPEDANCE/MICROSCOPIC
PDW (Platelet Dist		nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Lar	ge Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:49:17
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 08/Oct/2023 09:14:31
UHID/MR NO	: CVAR.0000042442	Received	: 08/Oct/2023 09:18:10
Visit ID	: CVAR0061482324	Reported	: 08/Oct/2023 10:43:40
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

# DEPARTMENT OF HAEM ATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.68	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	89.40	fl	80-100	CALCULATED PARAMETER
MCH	28.50	pg	28-35	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	12.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,640.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	188.00	/cu mm	40-440	

S.N. Sinto

Dr.S.N. Sinha (MD Path)



Home Sample Collection 1800-419-0002

Chauda Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206				SINCE 1991
Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:4	49:17	
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 08/Oct/2023 13:	18:23	
UHID/MR NO	: CVAR.0000042442	Received	: 08/Oct/2023 13::	19:24	
Visit ID	: CVAR0061482324	Reported	: 08/Oct/2023 15:0	00:22	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
	DEPARTM ENT	OF BIOCHEM IST	TRY .		
	MEDIWHEEL BANK OF BAROD	AMALE& FEMA	ALE BELOW 40 YRS		
Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTI	NG , Plasma				
Glucose Fasting	123.30	mg/dl	< 100 Normal	GOD POD	

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

100-125 Pre-diabetes ≥ 126 Diabetes

Glucose PP Sample:Plasma After Meal	148.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

S.N. Sinto, Dr.S.N. Sinha (MD Path)



Home Sample Collection

1800-419-0002





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:49:18
Patient Name	. MI.ANJANI KUMAR SINGH - DUDE400/I	Registered On	. 00/000/2023 00:49:10
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 08/Oct/2023 09:14:31
UHID/MR NO	: CVAR.0000042442	Received	: 09/Oct/2023 11:43:35
Visit ID	: CVAR0061482324	Reported	: 09/Oct/2023 13:57:19
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C) **	,EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	6.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	51.00	mmol/mol/IFCC		

mg/dl

#### Interpretation:

#### NOTE:-

Estimated Average Glucose (eAG)

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.

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• eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **<u>Clinical Implications:</u>**

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





Chauda Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			YEARS INCE 1951
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Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTMENT	OF BIOCHEM ISTR	RY	

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

CHANDAN DIAGNOSTIC CENTRE

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

#### Dr. Anupam Singh (MBBS MD Pathology)

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Patient Name	: Mr.ANJANI KUMAR SINGH	- BOBE46671	Registered On	: 08/Oct/2023 08:49	
Age/Gender	: 36 Y 0 M 0 D /M		Collected	: 08/Oct/2023 09:14	
UHID/MR NO Visit ID	: CVAR.0000042442 : CVAR0061482324		Received Reported	: 08/Oct/2023 09:18 : 08/Oct/2023 10:41	
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	. 27
	[	DEPARTMENT	OF BIOCHEM IST	•	
				LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea N Sample:Serum	Nitrogen)	11.70	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		1.00	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum		7.40	<sup>,</sup> mg/dl	3.4-7.0	URICASE
LFT (WITH GAM	MAGT) *, <i>s</i> erum				
SGOT / Aspartate	e Aminotransferase (AST)	30.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	minotransferase (ALT)	48.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	and the second	33.30	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.20	gm/dl	6.2-8.0	BIURET
Albumin		4.00	gm/dl	3.4-5.4	B.C.G.
Globulin		3.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.25		1.1-2.0	CALCULATED
Alkaline Phospha	atase (Total)	90.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indired	t)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (	MINI), Serum				
Cholesterol (Tota	al)	277.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol	(Good Cholesterol)	77.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (	Bad Cholesterol)	146	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima	
				130-159 Borderline High 160-189 High > 190 Very High	
VLDL		53.46	mg/dl	10-33	CALCU' ATTO
Triglycerides		267.30	mg/dl	< 150 Normal 150-199 Borderline High	GPO-P S.N. Sinta
				200-499 High >500 Very High	Dr.S.N. Sinha (MD P



Chandan Since 1991	CHANDAN Add: 99, Shivaji Nagar M Ph: 9235447795,0542-35 CIN : U85110DL2003PL	ahmoorganj,Varanasi 00227	TIC CENTR	E	30 VEARS ENCE 192
Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.ANJANI KUMAR SING : 36 Y 0 M 0 D /M : CVAR.0000042442 : CVAR0061482324 : Dr.MEDIWHEEL VNS -	H - BOBE46671	Registered On Collected Received Reported Status	: 08/Oct/2023 08 : 08/Oct/2023 15 : 08/Oct/2023 15 : 08/Oct/2023 15 : Final Report	:26:55 :27:10
	DE	PARTMENT OF (	CLINICAL PATHO	LOGY	
	MEDIWHEEL BA	ANK OF BARODA	AMALE& FEMA	LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINA Color Specific Gravity Reaction PH Protein	TION, ROUTINE* , Urine	PALE YELLOW 1.030 Acidic ( 6.5 ) ABSENT	mg %	< 10 Absent	DIPSTICK DIPSTICK
Sugar		ABSENT	gms%	10-40 (+) 40-200 (++) 200-500 (+++) > 500 (+++) < 0.5 (+) 0.5-1.0 (++)	DIPSTICK
				1-2 (+++) >2 (++++)	
Ketone Bile Salts Bile Pigments Urobilinogen(1:2) Microscopic Exan		ABSENT ABSENT ABSENT ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Epithelial cells		2-3/h.p.f			MICROSCOPIC
Pus cells RBCs		1-2/h.p.f ABSENT			MICROSCOPIC EXAMINATION
Cast Crystals		ABSENT ABSENT			MICROSCOPIC EXAMINATION
Others		ABSENT			
SUGAR, FASTING	STAGE*, Urine				
Sugar, Fasting sta	ge	ABSENT	gms%		
Interpretation: $(+) < 0.5$					

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ (++++) & > 2 \end{array}$ 

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:49:17
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 08/Oct/2023 15:26:55
UHID/MR NO	: CVAR.0000042442	Received	: 08/Oct/2023 15:27:10
Visit ID	: CVAR0061482324	Reported	: 08/Oct/2023 15:27:51
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval

Method

SUGAR, PP STAGE\*, Urine

Sugar, PP Stage

ABSENT

#### Interpretation:

(+) < 0.5 gms%</li>
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

S.N. Sinta Dr.S.N. Sinha (MD Path)

ISO 9001:2015

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CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227



CIN: U85110DL2003PLC308206



F	Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:49:18
A	Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 08/Oct/2023 09:14:31
ι	JHID/MR NO	: CVAR.0000042442	Received	: 08/Oct/2023 17:40:07
\	/isit ID	: CVAR0061482324	Reported	: 08/Oct/2023 17:43:59
F	Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL*, Serum					
T3, Total (tri-iodothyronine)	132.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	7.17	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	4.070	μIU/mL	0.27 - 5.5	CLIA	
Interpretation:					
		0.3-4.5 µIU/	mL First Trimester		

0.3-4.5	µIU/mL	First Trimester	
0.5-4.6	µIU/mL	Second Trimester	
0.8-5.2	µIU/mL	Third Trimester	
0.5-8.9	µIU/mL	Adults 55-87 Years	
0.7-27	µIU/mL	Premature 28-36 Week	
2.3-13.2	µIU/mL	Cord Blood > 37Week	
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)	
1-39	µIU/mL	Child 0-4 Days	
1.7-9.1	µIU/mL	Child 2-20 Week	

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

(.n. Sinta

Dr.S.N. Sinha (MD Path)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANJANI KUMAR SINGH - BOBE46671	Registered On	: 08/Oct/2023 08:49:20
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000042442	Received	: N/A
Visit ID	: CVAR0061482324	Reported	: 10/Oct/2023 17:53:50
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

# DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

# X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

# **IMPRESSION**

# **\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \* 365 Days Open \*Facilities Available at Select Location

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Name of Company: Mediwheet = BOB.
Name of Executive: MR / MRS. Anjani Kermar Singh
Date of Birth: 29./ 10./ 198.2
Sex: Mate / Female
Height: 17-1 CMs
Weight: 7.3.KGs
BMI (Body Mass Index): 25.0
Chest (Expiration / Inspiration)
Abdomen: 88CMs
Blood Pressure: J.4.6./.4.6mm/Hg
Pulse: .8.8BPM - Regular / Irregular
Respiration Rate:
Ident. Mark: Mole on Rf Cheeck.
Any Allergies:
Vertigo : Mo
Any Medications: (I) [~ o
Any Surgical History: (I) PIO Ingeninal Herria 2481. (II)
Habits of alcoholism/smoking/tobacco: (I)
Chief Complaints if any: 15-26.
Lab Investigation Reports:
Eye Check up - vision & Color vision: wormal & frewer glan - At the Aze
Left eye: Norl i glan STRS.
Eye Check up - vision & Color vision: Wond i forwarglan - At the Age Left eye: Noul i glan STRS. Right eye: Noul i glan (-3:25 D) carf By clarit









Near vision: NI b i glan Far vision: OI 6 i glan Dental check up : pro-1 ENT Check up : pro-1 Eye Checkup: pro-1

#### Final impression

Certified that I examined ...Andani...kunan...Sup S/O D/O W/O ......D.K.Sim.h....... is presently in good health and free from any cardio-respiratory / communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature: -

Signature of Medical Examiner

Dr. R.C. R( MBBS., MD. (Radio Diag Reg. No.-2691

Name & Qualification - Dr. R. C. Roy (MBBS, MD) Date- .aA.../10.../2023, Place - VARANASI

> Chandan Diagnostic Cent∈ 99,Shivaji Nagar,Mahmoorgan Varanasi-221010 (U.P.) Phone No.:0542-2223232



