


कमल सिंह बिट्ट
KAMAL SINGH BIGHT
 जन्म तिथि/ DOB: 01/01/1978
 पुरुष / MALE

6261 7577 0252
मेरा आधार, मेरी पहचान



सोशल जस्टिस और शक्ति
MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

पता:
 S/O नारायण सिंह बिट्ट,
 00, 00, चमानीपुर, पीडी
 गढ़वाल,
 उत्तराखण्ड - 246149

Address:
 S/O Narayan Singh Bight, 00, 00,
 Chamanipur, Patti Garhwal,
 Uttarakhand - 246149

6261 7577 0252
MEERA AADHAAR, MERI PEHACHAN


Dr. NAVNEET KUMAR
 M.B.B.S.
 Reg - UMC-7523
 Chandan Diagnostic Centre, Haldwani



GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY Bank of Baroda DATE 1-9-2021
 CLIENT NAME Karmal Singh Bisht s/o, d/o Narayan Singh Bisht
 DATE OF BIRTH 01-01-1978 AGE 43 YEARS
 ADDRESS Bhawaniapur Pauri Garwal 246149
 PHONE NO. 8954014482 OCCUPATION Banking
 PHOTO ID AADHAR CARD NO. 628175770252
 MARITAL STATUS Married

MARK OF IDENTIFICATION mark on chest Right side
 HEIGHT 167 cm WEIGHT 81 kg BMI 29.0
 CHEST EXP 96 cm CHEST INS 100 cm ABDOMEN 98 cm
 WAIST 95 cm HIP 102 cm
 BLOOD PRESSURE 122/78 PULSE RATE 82 Regular
 RESPIRATION RATE 18/m

FAMILY HISTORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER		74	Natural	
MOTHER	69		Healthy	
BROTHER				
SISTER	48, 45, 40		Healthy	
WIFE/HUSBAND		38		
DEFORMITIES		No		
POLIO		YES/NO	IF YES GIVE DETAILS	
PARALYSIS		YES/NO	IF YES GIVE DETAILS	



Since 1991



HISTORY OF CLIENT

IF YES, GIVE DETAILS

TAKING MEDICINE

YES/NO ✓

EYE VISION

DENTAL CHECKUP

BLOOD PRESSURE

YES/NO ✓

DIABETES

YES/NO ✓

THYROID

YES/NO ✓

SURGERY

GALL BLADDER

YES/NO ✓

APPENDIX

YES/NO ✓

HARNIA

YES/NO ✓

HYDROCLE

YES/NO ✓

CATRACT

YES/NO ✓

OPEN HEART SURGERY

YES/NO ✓

BY PASS SURGERY

YES/NO ✓

ANGIOGRAPHY

YES/NO ✓

PILES

YES/NO ✓

FISTULA

YES/NO ✓

ACCIDENT

YES/NO ✓

UTERUS

YES/NO N/A

HABITS

IF YES, GIVE DETAILS

SMOKING

YES/NO ✓

ALCOHOL

YES/NO ✓

PAN MASALA

YES/NO ✓

NUMBER OF CHILD..... DATE OF BIRTH OF LAST BABY.....

I am giving my blood sample empty stomach

YES/NO ✓

URINE sample

YES/NO ✓

ECG

YES/NO ✓

FINAL IMPRESSION:

Certified that I examined that KAMAL SINGH PATE s/o WARAYAN SINGH is presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is **fit / upfit** to join any organization.

[Signature]
Client Signature

[Signature]
Dr. NAVNEET KUMAR
M.B.B.S.

Reg. - UMC-7523

Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner

Name & Qualification of the medical examiner





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: 9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mr.KAMAL SINGH BISHT BOBE2899	Registered On	: 01/Sep/2021 08:08:39
Age/Gender	: 43 Y 7 M 30 D /M	Collected	: 01/Sep/2021 08:34:06
UHID/MR NO	: CHLD.0000070118	Received	: 01/Sep/2021 09:48:03
Visit ID	: CHLD0053422122	Reported	: 01/Sep/2021 12:13:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	15.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	48.00	cc %	40-54	
Platelet count				
Platelet Count	1.48	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fl	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	44.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.30	fl	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.68	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE



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1800-419-0002



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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Blo. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	95.30	fl	80-100	CALCULATED PARAMETER
MCH	32.60	pg	28-35	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.60	fl	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,248.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	224.00	/cu mm	40-440	



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UHID/MR NO	: CHLD.0000070118	Received	: 01/Sep/2021 09:48:04
Visit ID	: CHLD0053422122	Reported	: 01/Sep/2021 12:40:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Blo. Ref. Interval	Method
Glucose Fasting Sample: Plasma	148.77	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	8.56	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	70.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	199	mg/dl	

Interpretation:

NOTE:-

- 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.
- 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 management.

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)	Degree of Glucose Control Unit
> 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.



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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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****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 G8 90 SL TOSOH HPLC Analyser.



Clinical Implications:

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

BUN (Blood Urea Nitrogen) * Sample:Serum	8.32	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.06	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	81.00	ml/min/1.73m2	20-90 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	5.30	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	36.16	U/L	< 35	JECC WITHOUT PSP

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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SGPT / Alanine Aminotransferase (ALT)	33.62	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	58.36	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.45	gm/dl	6.2-8.0	BIRUET
Albumin	4.27	gm/dl	3.8-5.4	B.C.G.
Globulin	3.18	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.34		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	154.83	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.56	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.33	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.23	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	169.11	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	33.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	32.72	mg/dl	10-33	CALCULATED
Triglycerides	163.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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Dr Vinod Ojha
MD Pathologist





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Age/Gender	: 43 Y 7 M 30 D /M	Collected	: 01/Sep/2021 08:44:15
UHID/MR NO	: CHLD.0000070118	Received	: 01/Sep/2021 09:48:04
Visit ID	: CHLD0053422122	Reported	: 01/Sep/2021 13:34:33
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			
Others	ABSENT			MICROSCOPIC EXAMINATION



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Age/Gender	: 43 Y 7 M 30 D /M	Collected	: 01/Sep/2021 08:34:06
UHID/MR NO	: CHLD.0000070118	Received	: 01/Sep/2021 09:48:03
Visit ID	: CHLD0053422122	Reported	: 02/Sep/2021 10:50:14
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Blo. Ref. Interval	Method
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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



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Dr. Sekshi Garg Teyal (MBBS, MD)
 Pathology PDCC Oncopathology



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UHID/MR NO	: CHLD.0000070118	Received	: 01/Sep/2021 09:48:03
Visit ID	: CHLD0053422122	Reported	: 01/Sep/2021 18:32:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	156.20	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.88	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.01	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.4-4.2	µIU/mL	Adults 21-54 Years
0.5-4.6	µIU/mL	Second Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	µIU/mL	Premature 28-36 Week
0.8-5.2	µIU/mL	Third Trimester
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week

- 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.



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Patient Name	: Mr.KAMAL SINGH BISHT BOBE2899	Registered On	: 01/Sep/2021 08:08:41
Age/Gender	: 43 Y 7 M 30 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000070118	Received	: N/A
Visit ID	: CHLD0053422122	Reported	: 03/Sep/2021 13:42:15
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA **

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly,unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

NORMAL SKIAGRAM IN PRESENT SCAN.

(Adv:- Clinico-pathological correlation and further evaluation).

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

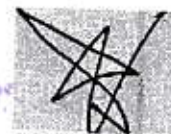
(*) Test not done under NABL accredited Scope, (**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), PSA (Prostate Specific Antigen), Total, TREAD MILL TEST



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Dr. Azim Ilyas(MBBS,MD Radiologist)

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, Vekicardiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Sample Collection

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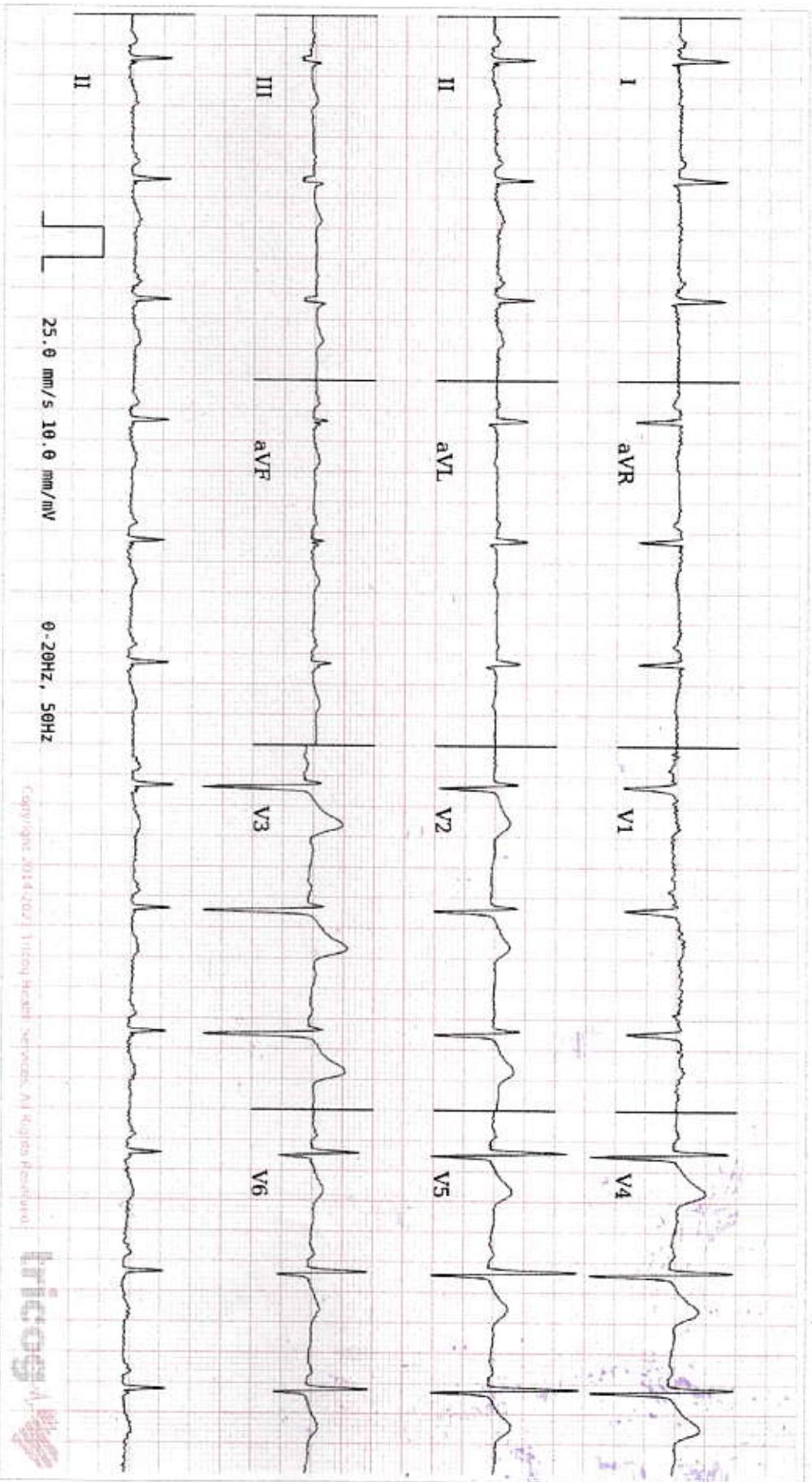
*Facilities available at select locations

Age / Gender: 43/Male

Date and Time: 1st Sep 21 8:47 AM

Patient ID: CHLD0053422122

Patient Name: Mr.KAMAL SINGH BISHT BOBE2899



Sinus Rhythm, Normal Axis. Flattened T wave in lead I, aVL. Please correlate clinically.

Chandan Diagnostic Centre

Plot No.-1051, Near Chaudhary Kothi,
Nainital Road, HALDWANI

Contact No. 9235400975

Disclaimer: Analysis in this report is based on ECG alone and should only be used in conjunction to clinical history, symptoms and results of other invasive and non-invasive cardiac diagnostic tests by a qualified physician.

AUTHORIZED BY

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Dr. Arunkumar Kashaniki

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