


Consullehan

Name : Mr. KUNAL SINGH	Age : 35 Y	UHID :SCH1.0000023913
Address : MALVIYA NAGAR	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCH1OPV36547
		Bill No :SCH1-OCR-12343
		Date : 14.09.2024 10:34

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO <i>pending from pt sides</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION <i>pending</i>	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	H5A1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA <i>pending from pt sides</i>	
17	DENT CONSULTATION <i>pending</i>	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Height:.....	159
Weight:.....	63.3
B.P:.....	110/80
Pulse:.....	80
SP02:.....	99%

From: Mediwheel <wellness@mediwheel.in>
Sent: 04 September 2024 12:30
To: phcklc@apollospectra.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(22E32518),Package Code-12010000366, Beneficiary Code-293499



011-41195959

Hi Apollo Spectra - Nehru Enclave,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Hospital Address : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

Contact Details : 9801871515

Appointment Date : 14-09-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
MR. SINGH KUNAL	35 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



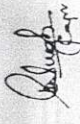


कर्मचारी पहचान पत्र
कर्मचारी पहचान पत्र

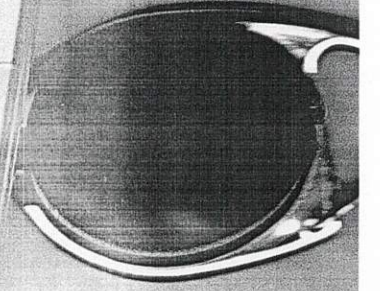
नाम: Kunal Singh
Name: Kunal Singh

कर्मचारी क्र. 168197
E. C. No. 168197

उपस्थित अधिकारी, इ. स. (क) अ. म. म. म.
Issuing Authority, C.A. (S) A.M. M.M.



एडिटर के कार्यालय
Signature of Holder



Ace

CERTIFICATE OF MEDICAL FITNESS

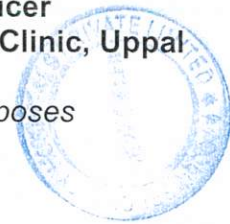
This is to certify that I have conducted the clinical examination

of Kunal Singh on 14/9

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____
Medical Officer
The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Kunal</i>	UHID No : <i>23913</i>
AGE / GENDER :- <i>30 yrs</i>	RECEIPT No :-
PANEL : <i>Ac of emp</i>	EXAMINED ON :- <i>14/3</i>

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History:

General Physical Examination:

Height	<i>159</i>	:	cms	Pulse	<i>80/m</i>	bpm
Weight	<i>63.3</i>	:	Kgs	BP	<i>110/80</i>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Kunal</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

HBAIC 6

Recommendation:

- Review τ reports
Sugar free diet
Cap Advantage 54102 x 1-2 mg
Myo α D₃ 60 μ g once a week
2 mg

Dr. Navneet Kaur
Consultant Physician



Apollo Clinic

CONSENT FORM

Patient Name: Mr. Kunal Singh Age: 35
UHID Number: SCHI.0000023913 Company Name: ARCOFEMI

I Mr/Mrs/Ms Kunal Employee of ARCOFEMI
(Company) Want to inform you that I am not interested in getting 2-D Echo / ENT Cons.
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 14/09/24

NAME :	KUNAL SINGH	AGE/SEX:	35	YRS./M
UHID :	23913			
REF BY :	APOLLO SPECTRA	DATE:-	14.09.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: is normal in size and echotexture.

No free fluid seen..

IMPRESSION: FATTY CHANGES IN LIVER GRADE I

Please correlate clinically and with lab. Investigations.


DR. DEEPIKA AGARWAL
Consultant Radiologist

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048

Mr. Kumar Singh
35/M

14/9/24

Eye checked
no H/o wing glass
no H/o systemic disease

V/A $\left\{ \begin{array}{l} 6/9 \\ 6/6 \textcircled{P} \end{array} \right.$ MET $\left\{ \begin{array}{l} 18 \\ 18 \end{array} \right.$ (unclear) colour $\left\{ \begin{array}{l} \text{normal} \\ B/G \end{array} \right.$

BWA $\left\{ \begin{array}{l} -0.50 DS / -0.50 DC \times 80^\circ 6/6 \\ -0.50 DS 6/6 \end{array} \right.$ — — — — —

Slit lamp exam^L

As normal B/G

Pupil reaction normal B/G

Fundus $\left\{ \begin{array}{l} \text{well} \\ B/G \end{array} \right.$

Adv
glasses

Danekhm
14/9/24

ID: 23913
Kunal Singh
Male 35Years
Req. No. . . .

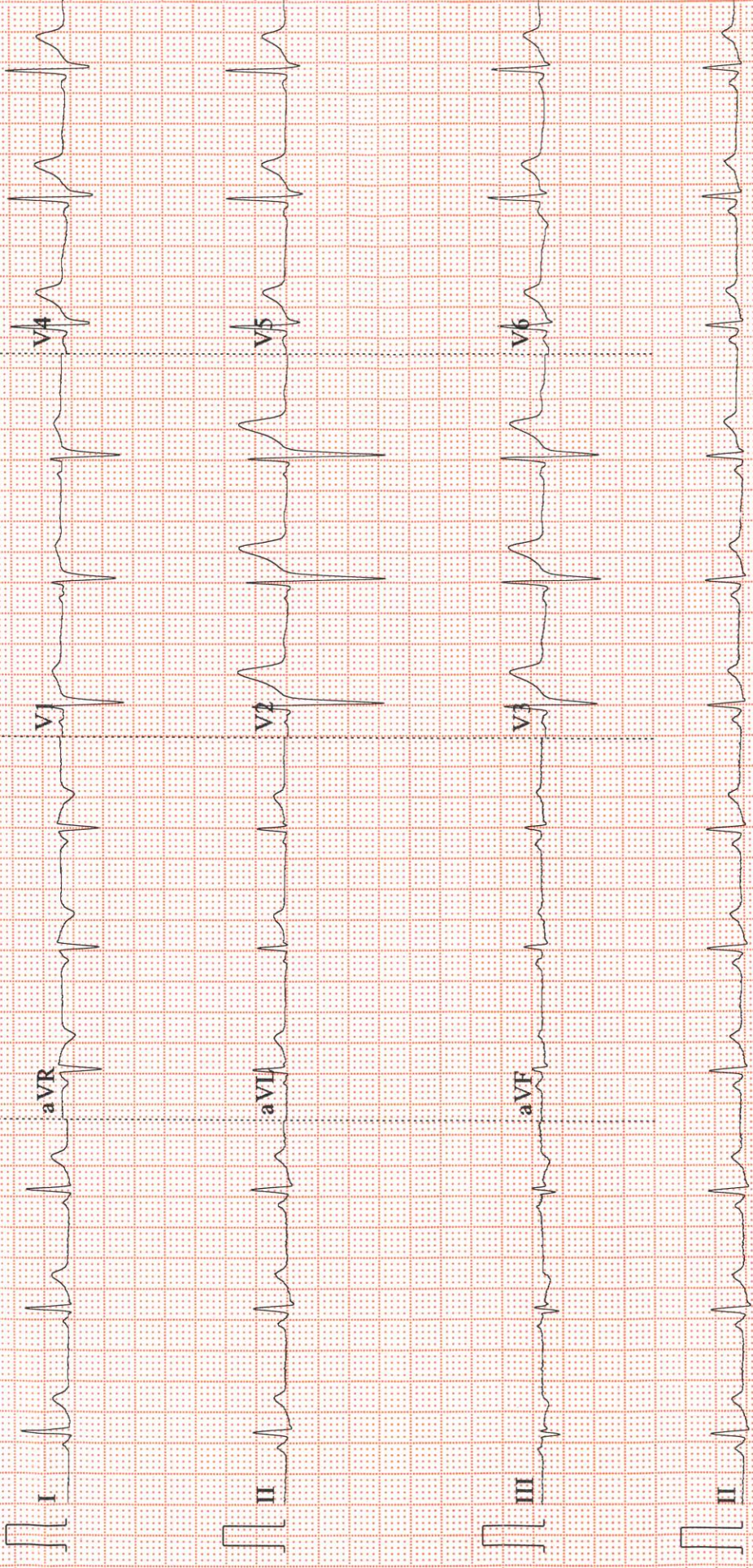
14-09-2024 14:57:06

HR : 74 bpm
P : 96 ms
PR : 113 ms
QRS : 91 ms
QT/QTcBz : 332/369 ms
P/QRS/T : 85/11/4 °
RV5/SV1 : 0.984/0.894 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

WNL

Report Confirmed by:



Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No. A-14151

For Appointment : +91 11 40465555
Mob.: +91 9910995018

14/09/2024 -

Mr. Kunal Singh
35Y / male

C/C! - Regular Dental Check - up

M/H! - N.R.H.

PDH! - N.R.H.

O/E! -
• Calculus ++
• Stains + sev
• Edge to Edge Bite -

Advised :- Scaling & Oral Hygiene (H)

↓
A.

DIGITAL X-RAY REPORT

NAME: KUNAL	DATE: 14.09.2024
UHID NO : 23913	AGE: 35 YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

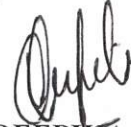
Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations



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Consultant Radiologist

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