



Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Gourav Bhama** aged, **26yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Guwahati**

Date: **13/05/2024**

Dr. Nitesh Kumar


MBBS
BCMR 47093

Name & Signature of

Medical officer



Lab No.	: GHY/13-05-2024/SR9104602	Lab Add.	: Sri Kamakhya Tower, Christian Basti, G.C. Road, Guwahati-781005
Patient Name	: GOURAV BHAMA	Ref Dr.	: Dr.SELF .
Age	: 26 Y 0 M 0 D	Collection Date	: 13/May/2024 08:33AM
Gender	: M	Report Date	: 13/May/2024 11:33AM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,RANDOM , BLOOD, NAF PLASMA (Method:Hexokinase Method)	107	< 200	mg/dl

Accor.to Executive Summary:Standards of Medical Care in Diabetes-2018, A patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dl is included as one of the Current criteria for the diagnosis of diabetes.
In the presence of equivocal hyperglycemia, result should be confirmed by repeat testing.

CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated])	0.80	0.7 - 1.2	mg/dL
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SGPT/ALT (Method: IFCC, with PLP)	117	10-50 U/L	U/L
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*** End Of Report ***

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY



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DEPARTMENT OF HAEMATOLOGY


Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	15.6	13 - 17	g/dL
WBC (Method:DC detection method)	6.9	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.8	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	396	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	55	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	36	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	07	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	45.6	40 - 50 %	%
MCV (Method:Calculated)	94.5	83 - 101 fl	fl
MCH (Method:Calculated)	32.4	27 - 32 pg	pg
MCHC (Method:Calculated)	34.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.8	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	11.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	7.4	7.5 - 11.5 fl	fl

*** End Of Report ***

DR. RASHMI REKHA PHUKAN
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Patient Name : GOURAV BHAMA	Ref Dr. : Dr.SELF .
Age : 26 Y 0 M 0 D	Collection Date : 13/May/2024 08:33AM
Gender : M	Report Date : 13/May/2024 01:47PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	"O"		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	15	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

Dr. Shashank Shekhar Sharma
MD Pathology
Consultant Pathologist
Reg.No. 18300

Lab No. : GHY/13-05-2024/SR9104602

Lab Add. : Sri Kamakhya Tower, Christian Basti, G.C. Road, Guwahati-781005

Patient Name : GOURAV BHAMA

Ref Dr. : Dr.SELF .

Age : 26 Y 0 M 0 D

Collection Date :

Gender : M

Report Date : 13/May/2024 10:33AM



X-RAY: CHEST PA VIEW

Lung fields do not reveal any active parenchymal lesion.

The mediastinum including hila is normal. Trachea is central.

Cardiac size and silhouette is normal.

Hemidiaphragms are normal in position and outline.

Both the C.P angles are clear.

Bony thorax is intact.

*** End Of Report ***

Dr. Rabin Saikia
MD (Radio-Diagnosis)



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Patient Name	: GOURAV BHAMA	Ref Dr.	: Dr.SELF .
Age	: 26 Y 0 M 0 D	Collection Date	: 13/May/2024 08:37AM
Gender	: M	Report Date	: 13/May/2024 01:48PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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URINE ROUTINE ALL, ALL , URINE

PHYSICAL EXAMINATION

COLOUR PALE YELLOW
 APPEARANCE CLEAR

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	5.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.025	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	2-4	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

Note:

- All urine samples are checked for adequacy and suitability before examination.
- Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
- The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
- Negative nitrite test does not exclude urinary tract infections.
- Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
- False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
- Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
- Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

Lab No. : GHY/13-05-2024/SR9104602

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

*** End Of Report ***

Dr. Shashank Shekhar Sharma
MD Pathology
Consultant Pathologist
Reg.No. 18300

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Lab Add. : Sri Kamakhya Tower, Christian Basti, G.C. Road, Guwahati-781005

Patient Name : GOURAV BHAMA

Ref Dr. : Dr.SELF .

Age : 26 Y 0 M 0 D

Collection Date :

Gender : M

Report Date : 13/May/2024 09:43AM



E.C.G. REPORT

DATA
HEART RATE 73 Bpm

PR INTERVAL 130 Ms

QRS DURATION 92 Ms

QT INTERVAL 396 Ms

QTC INTERVAL 437 Ms

AXIS

QRS WAVE Degree

IMPRESSION : Normal sinus rhythm, within normal limits.

Dr. Jabin Nessa
MBBS(KU), DIP.
CARD(RTIICS)
Clinical Cardiologist