

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Tejal on 14/10/23

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 checked="" 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. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____

Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

APOLLO CLINIC
Dr. MUKESH BUDHWANI
M.D. (PHYSICIAN/ DIABETOLOGIST)
Mob.: 9422805559 (Pl. SMS Only)
Reg. No.- 2019010071

Date : 14-10-2023
 R NO : CVIM.0000231371
 Name : Mrs. Tejal
 Age/ Gender : 23 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 08:26

Height : 40	Weight : 165	BMI : 19	Waist Circum : 75
Temp : 98.4 °F	Pulse : 78	Resp : 18	B.P : 120/80

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan
HOME SAMPLE COLLECTION
 PH.: 7775870014
 :020-26634331/32/34

no complaints
 Past history: laparoscopic gynae sx - 5 months ago.

SYSTEMIC

- CVS:
- CVS:
- RS:

None

Follow up date:

Dr. Chinmay D. Naik
 MBBS., CDM.
 (certificate course in treatment of
 Diabetes Mellitus)
 Reg.No.:MCP-1501546
 Doctor Signature

- FREE CHECK UP
- PHYSIOTHERAPY
- DENTAL
- AUDIO (HEARING)
- OPHTHAL (EYE)

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor,
 Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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Tegal

23 Year-old female married, P, L, I & FTVD
for regular check up.

- No complaints at present.

H/O. exploration laparoscopy in April 2023

S/O - Rt paraovarian cyst
Rt fallopian tube. Hematosalpinx.

M/H

LMP - 29/09/2023

PMC - 4-dm. / 28-30 days / regular & painless.

O/G = Gc fair.

Afebrile.

U/Aals stable.

PIA 250th
NO ANT.

PI5 - CX / (H)
vq / (H)

↓
LBC PAP smear
taken

Ad

- flu + USG

- Ctall



DR. PRADIYA GANGARDE
MBBS, M.S. OBGY
Reg. No. 2017/05/1913

Mrs Tejal

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

SI [Signature]
 (R) CAT
 EB [Signature] (A)
 ENT] HAD

[Signature]

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE:- 14/10/22

NAME:- Papad

MO :-

AGE:- 22

CORPORATE:- As Capin

	Right Eye	Left Eye
Distant vision	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Color vision	<u>Normal</u>	<u>Normal</u>
Fundus examination	<u>Normal</u>	<u>Normal</u>
Intraocular pressure	<u>Normal</u>	<u>Normal</u>
Slit lamp exam.	<u>Normal</u>	<u>Normal</u>

Normal Eye (Bates) Ref

Impression - Normal Eye Check Up. 2

(Ophthalmology)



The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O.M.S.,
Consulting Eye Surgeon
Reg. No. 36319

Rate 57 Sinus rhythm.....normal P axis, V-rate 50- 99
Artifact in lead(s) I, II, aVR, aVF

PR 124
QRS 89
QT 412
QTc 401

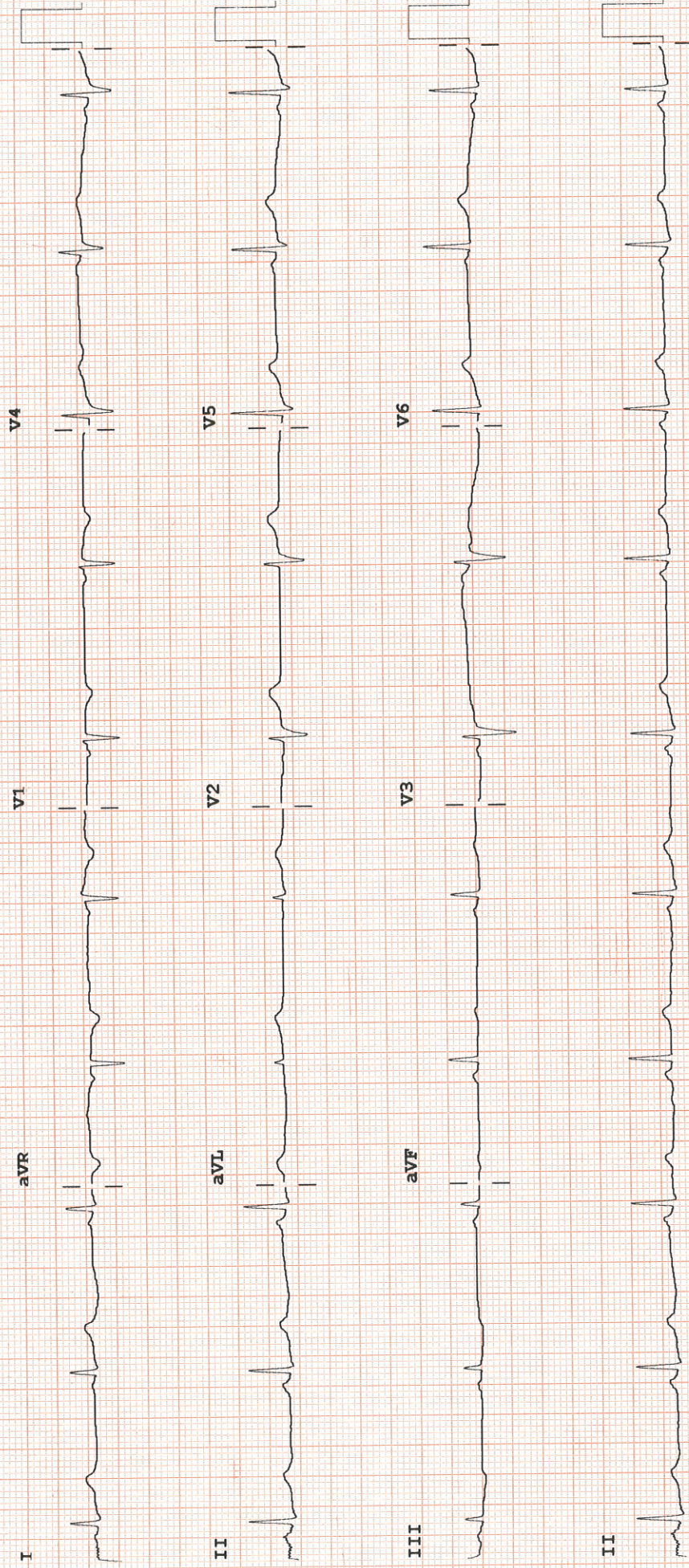
--AXIS--

P 68
QRS 48
T -8

12 Lead; Standard Placement

← NORMAL ECG - *MB*

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV
F 50~ 0.50- 40 Hz W PH100B CL P?



Certificate No: MC-5697

Patient Name : Mrs.TEJAL	Collected : 14/Oct/2023 08:46AM
Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 12:41PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 02:26PM
Visit ID : CVIMOPV567826	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65896521	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Patient Name : Mrs.TEJAL	Collected : 14/Oct/2023 08:46AM
Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 12:41PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 03:48PM
Visit ID : CVIMOPV567826	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65896521	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs. TEJAL	Collected : 14/Oct/2023 08:46AM
Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 12:38PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 02:06PM
Visit ID : CVIMOPV567826	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65896521	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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DIABETICS	
EXCELLENT CONTROL	6 - 7
FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.TEJAL	Collected : 14/Oct/2023 08:46AM
Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 01:08PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 04:13PM
Visit ID : CVIMOPV567826	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	46	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	82	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.48		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.57	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	84.52	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.45	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.39	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.1	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.1	mmol/L	101-109	ISE (Indirect)





Certificate No: MC-5697

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Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 01:08PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 04:13PM
Visit ID : CVIMOPV567826	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65896521	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.28	U/L	<38	IFCC



Patient Name : Mrs.TEJAL	Collected : 14/Oct/2023 08:46AM
Age/Gender : 23 Y 5 M 0 D/F	Received : 14/Oct/2023 12:28PM
UHID/MR No : CVIM.0000231371	Reported : 14/Oct/2023 01:13PM
Visit ID : CVIMOPV567826	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65896521	

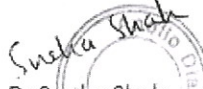
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name : Mrs. Tejal Sonwane
UHID : CVIM.0000231371
Reported on : 14-10-2023 09:38
Adm/Consult Doctor :

Age : 23 Y F
OP Visit No : CVIMOPV567826
Printed on : 17-10-2023 08:10
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:14-10-2023 09:38

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mrs. Tejal Sonwane Age : 23 Y F
UHID : CVIM.0000231371 OP Visit No : CVIMOPV567826
Reported on : 14-10-2023 09:54 Printed on : 17-10-2023 08:10
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.
No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.
No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.
No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and
CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any
wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality
detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial
echo-complex appears normal and measures 8.9 mm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal.
No abnormal lymphadenopathy noted.

IMPRESSION:-
No significant abnormality detected.

Patient Name	: Mrs. Tejal Sonwane	Age	: 23 Y F
UHID	: CVIM.0000231371	OP Visit No	: CVIMOPV567826
Reported on	: 14-10-2023 09:54	Printed on	: 17-10-2023 08:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:14-10-2023 09:54

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NAME : TEJAL SONAWANE
AGE : 23 Y/F

DATE : 16/10/2023

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, mild mitral valve prolapse. Minimal MR /No MS

AORTIC VALVE : Thin trileaflets, normal gradients across the valve. No AR/ AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Trivial tricuspid regurgitation. RVSP 29 mm Hg, No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 65%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact.

No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:24MM
LEFT ATRIUM	:26 MM
IVSd	:09 MM
PWd	:09 MM
LVIDd	:41 MM
LVIDs	: 24 MM
LVEF	: 65 %

IMPRESSION:

MILD MITRALVALVE PROLAPSE
NORMAL CARDIAC CHAMBERS
GOOD LV SYSTOLIC FUNCTION, LVEF 65%



DR.PRAMOD NARKEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA


Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

4

Name : Mrs. Tejal	Age : 23 Y	UHID :CVIM.0000231371
Address : pune	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CVIMOPV567826
		Bill No :CVIM-OCR-60133
		Date : 14.10.2023 08:28

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 2 hrs.	