



Mediwheel
Your wellness partner



011-

41195959 Email:wellness@mediwheel.in

Dear **MR. KUMAR SUMAN**,

Please find the confirmation for following request.

Booking Date : 04-08-2023
Package Name : Medi-wheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Amar Jyoti Hospital
Address of Diagnostic/Hospital : Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134
Contact Details : 8521712741
City : Begusarai
State : Bihar
Pincode : 851134
Appointment Date : 12-08-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPQINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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Reply

Forward

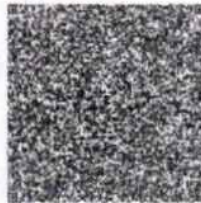


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0664/20079/00001

To
सुमन कुमार
Suman Kumar
S/O Ramotar Prasad Singh
PVT-301 House No-296
Kh No-94/7/2 3rd Floor Gali No-02, Block-B
Baba Colony
Burai
North Delhi Delhi - 110084
9899607944



आपका आधार क्रमांक / Your Aadhaar No. :

2108 9070 2806

VID : 9174 8053 7687 0790

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सुमन कुमार
Suman Kumar
जन्म तिथि/DOB: 17/08/1989
पुरुष/ MALE

1947
1947

2108 9070 2806

VID : 9174 8053 7687 0790

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आपका कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O रामोतर प्रसाद सिंह, पीएच-301 हाउस न-296, ख
न-94/7/2 तीसरा फ्लोर गली न-02, ब्लॉक-बी, बबू
कोलोनी, बुराय, उत्तरी दिल्ली,
दिल्ली - 110084

Address:
S/O Ramotar Prasad Singh, PVT-301 House
No-296, Kh No-94/7/2 3rd Floor Gali No-02,
Block-B, Baba Colony, Burai, North Delhi,
Delhi - 110084



2108 9070 2806

VID : 9174 8053 7687 0790

1947 | help@uidai.gov.in | www.uidai.gov.in

2108 9070 2806
6202338953

MEDICAL EXAMINATION REPORT

Name SUNAR KUNAR Gender M / F Date of Birth 17/08/1989
Position Selected For _____ Identification marks A Scar (A) Nail (E)

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input checked="" type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input checked="" type="checkbox"/> Back or spinal problems | <input checked="" type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input checked="" type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly. NO

3. List allergies to any known medications or chemicals NO

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes ; approximate date (MM/YYYY)
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
 - b. Do you have knee pain when squatting or kneeling? Yes No
 - c. Do you have back pain when forwarding or twisting? Yes No
 - d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
 - e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- | | | |
|---|---|--|
| •Walking : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- f. Do you have pain when working with hand tools? Yes No
 - g. Do you experience any difficulty operating machinery? Yes No
 - h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height <input type="text" value="162cm"/>	b. Weight <input type="text" value="85 kg"/>	Blood Pressure <input type="text" value="130 / 90 mmhg"/>
Chest measurements: a. Normal <input type="text" value="98 cm"/>	b. Expanded <input type="text" value="102cm"/>	
Waist Circumference <input type="text" value="34"/>	Ear, Nose & Throat <input type="text" value="WNL"/>	
Skin <input type="text" value="WNL"/>	Respiratory System <input type="text" value="BAGG"/>	
Vision <input type="text" value="NORMAL"/>	Nervous System <input type="text" value="NFND"/>	
Circulatory System <input type="text" value="WNL"/>	Genito-urinary System <input type="text" value="WNL"/>	
Gastro-intestinal System <input type="text" value="WNL"/>	Colour Vision <input type="text" value="NORMAL"/>	

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <input type="text" value="WNL"/>	ECG <input type="text" value="WNL"/>
Complete Blood Count <input type="text" value="Hb-12.3g/dl, PC-76000"/>	Urine routine <input type="text" value="WNL"/>
Serum cholesterol <input type="text" value="152mg/dl"/>	Blood sugar <input type="text" value="FB-78mg/dl, PPBS-101mg/dl"/>
Blood Group <input type="text" value="O+ve"/>	S.Creatinine <input type="text" value="1.07mg/dl"/>

D. CONCLUSION :

Any further investigations required <input type="text" value=""/>	Any precautions suggested <input type="text" value=""/>
---	---

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____
 I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

ANAR JYOTI HOSPITAL
Dr. Ravi Raj
M.B.B.S
Reg. No:- 55108

Date : 12/08/23

Signature of Medical Adviser

Eye Examination Report

Candidate Name: SUMANI KUMAR

Age/ Gender: 34/ M


Date: 12/08/2023

This is to certify that I have examined Mr. /Ms. SUMANI KUMAR hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<u>6/6</u>	L	<u>6/6</u>	<u>NORMAL</u>

Doctor Signature:

Doctor Stamp:


AMAR JYOTI HOSPITAL
Dr. Chandra Shekhar Kumar
M.B.B.S. MD (OPHTHALMOOLOGY)
REG. No.- 41209

, Suman kr

12.08.2023 2:30:27
Amar jyoti Hospital, Beusarai

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

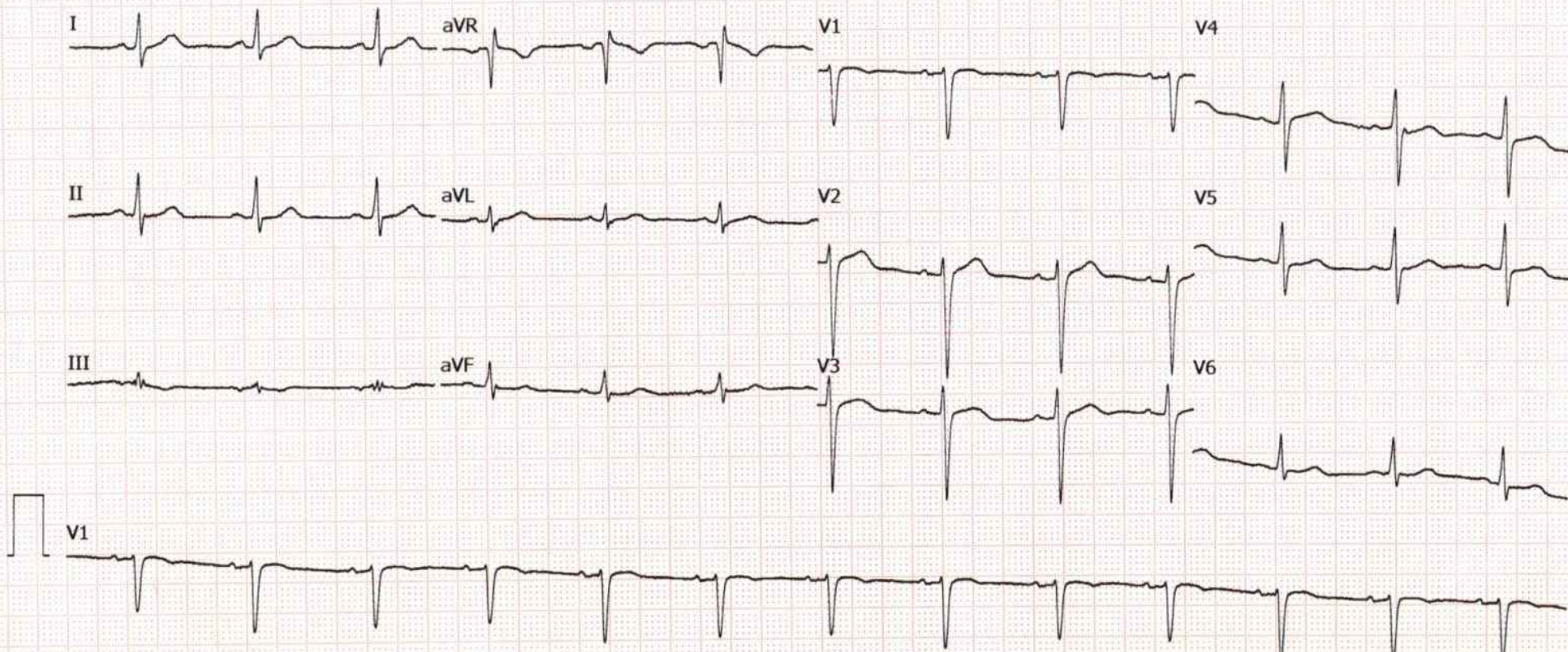
79 bpm
-- / -- mmHg

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 350 / 401 ms
PR : 136 ms
P : 96 ms
RR / PP : 758 / 759 ms
P / QRS / T : 13 / 40 / 7 degrees

Normal sinus rhythm
Normal ECG



DR. SASHIBHUSHAN

M.D. Pathologist (BHU)

Reg. No. : 52269

MD. SHAHNAWAZ KHAN

B.M.L.T.

Reg. No. : BR1822

**JAMAR
JYOTI
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age: 34 Y

Haematological Test Report

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	13.3	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count	7600	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil	60	%	40-70
Lymphocyte	36	%	20-40
Eosinophil	03	%	01-09
Monocyte	01	%	02-10
Basophil	00	%	00-05
<u>RBC Indices</u>			
R B C.Count	4.99	mil./cumm	3.9-5.6
Haematocrit (PCV)	39.6	%	36-47
MCV	79.5	fL	75-96
MCH	26.6	pg	27-32
MCHC	33.7	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count	1,98,000	/cumm	150000-400000
ESR	15	mm/1 st hr.	00-15

*** End of report***



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Call : 8877770366, 8873831650

Patient Name:- SUMAN KUMAR

Date:12/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:34Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
B.Urea	29.0	mg/dl	17-45
S.Creatinine	1.0	mg/dl	0.6-1.4
S.Uric Acid	6.1	mg/dl	2.5-7.0
S.Sodium	141	m mpl/L	135-155
S.Potassium	4.1	m mpl/L	3.5-5.5
S.Chloride	98.0	meq/L	97-109
S.Calcium	8.3	mg%	8.5-10.5

End of report



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Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age: 34 Y

LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Bilirubin			
Total	1.2	mg/dl	up to 1.2
Conjugate	0.4	mg/dl	up to 0.4
Unconjugate	0.8	mg/dl	up to 0.8
SGPT	51.0	U/L	up to 40
SGOT	55.0	U/L	up to 38
Alkaline Phosphatase	161	U/L	37-167
S. Protein			
Total	6.3	gm%	6.0-8.0
Albumin	3.9	gm%	3.7-5.3
Globulin	2.4	gm%	1.5-3.5
A/G Ratio	1.62		1.0-2.0

End of report



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Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age: 34 Y

LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Triglyceride	110	mg%DI	10-170
Total Cholesterol	152	mg%dL	130-200
H.D.L. Cholesterol	42	mg%dL	40-75
L.D.H. Cholesterol	110	mg%dL	80-120
TC/HDL Cholesterol	3.61	Ratio	3.0-5.0
LDL/HDL	2.61	Ratio	1.5-3.5
V.L.D.L Cholesterol	22	mg%dL	07-30

*** End of report***



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Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:34 Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Fasting Blood Sugar	78.0	mg/dl	70-110
2Hrs After Lunch (PP)	107	mg/dl	80-140

End of report



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Call : 8877770366, 8873831650

Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:34 Y

Report on Blood Examination

<u>TES</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Blood Group Rh	'O' Positive		
HbA1c(HPLC)	5.69	%	5.7-6.4
Average Blood Glucose(ABG):	111.28	mg/Dl	90-120

End of report



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

DR. SASHIBHUSHAN
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MD. SHAHNAWAZKHAN
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Call : 8877770366, 8873831650

Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:34 Y

Report on Blood Examination

TEST	RESULT	UNIT	REFERENCE RANG
TSH	2.12	μIU/mL	0.35-4.94

End of report



Dr. Shashi Bhushan Kumar
Signature

DR. SASHIBHUSHAN

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Patient Name:- SUMAN KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:34 Y

URINE REPORT

PHYSICAL EXAMINATION:

QUANTITY : 05ml

DEPOSITS : Present

COLOUR : Straw

REACTION : Acidic

APPEARANCE: Hazy

SP .Gravity :1.015

PH : 6.2

CHEMICAL EXAMINATION:

PROTEIN : Nil

SUGAR : Nil

BILE PIGMENT: Absent

BILI SAL : Absent

UROBILINOGEN: Absent

KETONE BODIES: Absent

NITRITE : Neagtive

MICROSCOPIC EXAMINATION:

EPITHELIAL CELL: 0-2/hpf

RBC : Absent

PUS CELL : 2-4/hpf

Crystals : Absent

CASTS : Absent

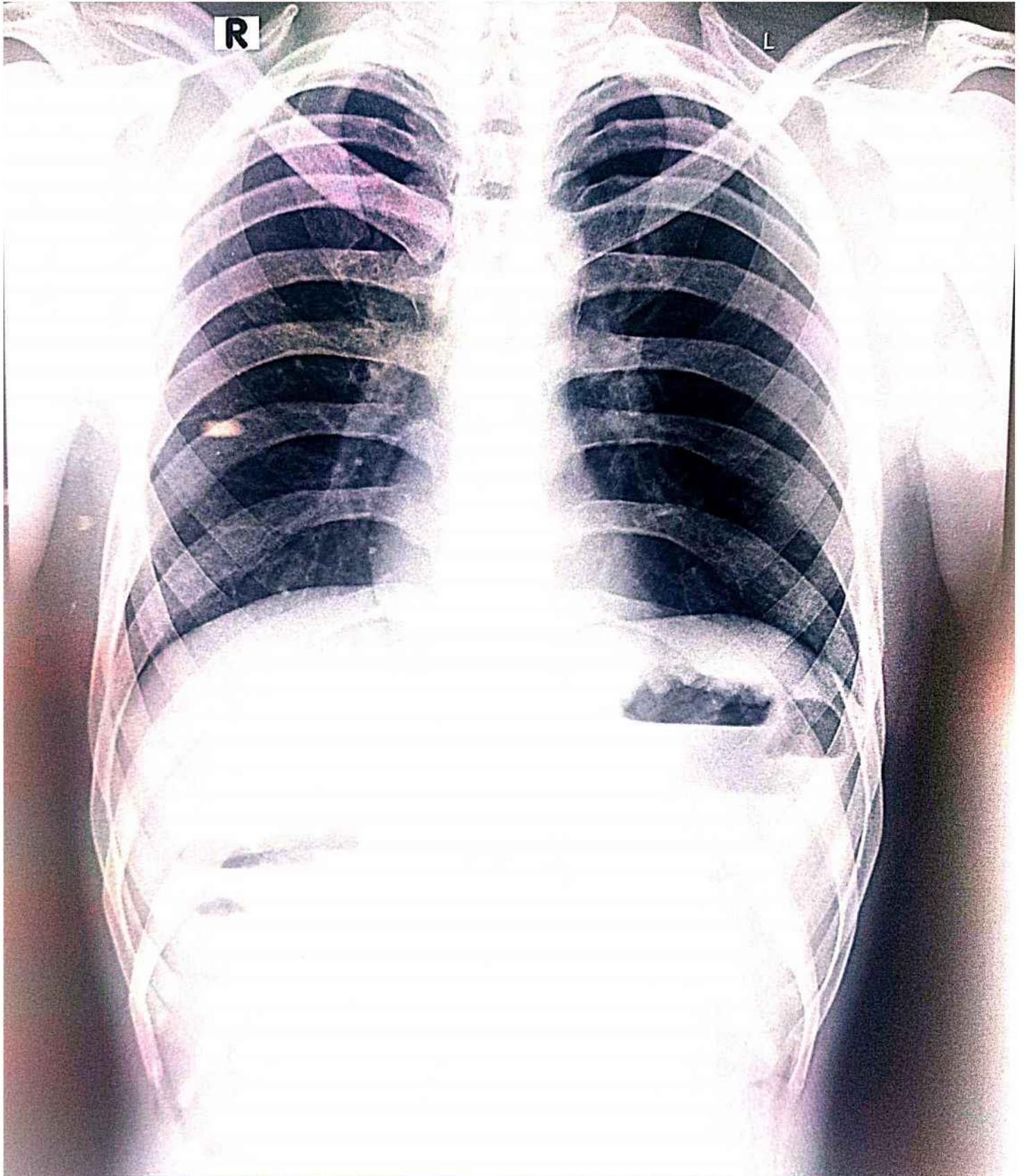
YEAST: Absent

BACTERIA : Absent

TRICHOMONAS: Absent

*** End of report***





SUMAN KUMAR 34/Y DR AMAR JYOTI HOSPITAL 12.08.2023.A.07
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.