

Corporate Health Checks

0/4

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

15-07-2024



SEARCH

## Patient Details

Patient First Name

Mrimoy Jyoti

Patient Last Name

Saikia

Patient Mobile Number

8527862479

Patient E-mail ID

network@mediwheel.in

Date of Birth

13-07-1994

Gender

male

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT

Package Name

(1) ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Visit Type

In-clinic

Visit Status

Order Confirmed

Report Status

Order Confirmed

City

GUWAHATI

Clinic

LAL GANESH

Order Date

12-07-2024

Appointment Date

15-07-2024

Slot Time

08:30-09:00



Ref. Appointment ID

9920144559


Visit ID

MER URL 

VIEW LOGS

RESCHEDULE

UPDATE STATUS

<b>Name</b> : Mr. MRINMOY JYOTI SAIKIA  <b>Address</b> : <b>Plan</b> : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 29 Y <b>Sex:</b> M	<b>UHID:</b> FLAL 0000005446  <b>OP Number:</b> FLALOPV7626 <b>Bill No</b> :FLAL-OCR-752 <b>Date</b> :
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324	
1	ALT ( SGPT )	
2	ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324	
3	BLOOD GROUP AND RH TYPE	
4	CHOLESTEROL	
5	CREATININE	
6	ECG /	
7	FITNESS BY GENERAL PHYSICIAN	
8	GLUCOSE - ( FASTING )	
9	HAEMOGRAM /	
10	Ophthal Consultation	
11	PERIPHERAL SMEAR	
12	STOOL ROUTINE	
13	UREA	
14	URINE ROUTINE EXAMINATION	
15	X-RAY CHEST PA	

vision 6/6

Issue Date: 16/10/2021



भारत सरकार  
GOVERNMENT OF INDIA



Mrinmoy Jyoti Saitia

DOB: 12/07/1994

MALE

6100 7347 5535

मेरा आधार, मेरी पहचान

Patient Name : MR MRINMOY JYOTI SAIKIA  
Age/Sex : 29Y/M  
Ref.by : DR ADIL SHOAIB

MR No : FLAL.000000 5146  
Visit No : FLAL-OC 752  
Report Date : 15-07-2024

**X-RAY CHEST (PA VIEW)**

Lung fields do not reveal any parenchymal mass lesion or consolidation.

Pleural angles are clear and domes of the diaphragm are of normal contour.

Cardio-thoracic ratio is within normal limits.

Hilar shadows are normal.

Bony thorax is intact.

Soft tissue shadows are normal.

**-RADIOGRAPH IS ESSENTIALLY WITHIN NORMAL LIMITS.**



**DR K. SARMAH**  
DMRD MD  
Radiologist



ID:  
Name:  
Age:  
Gender:

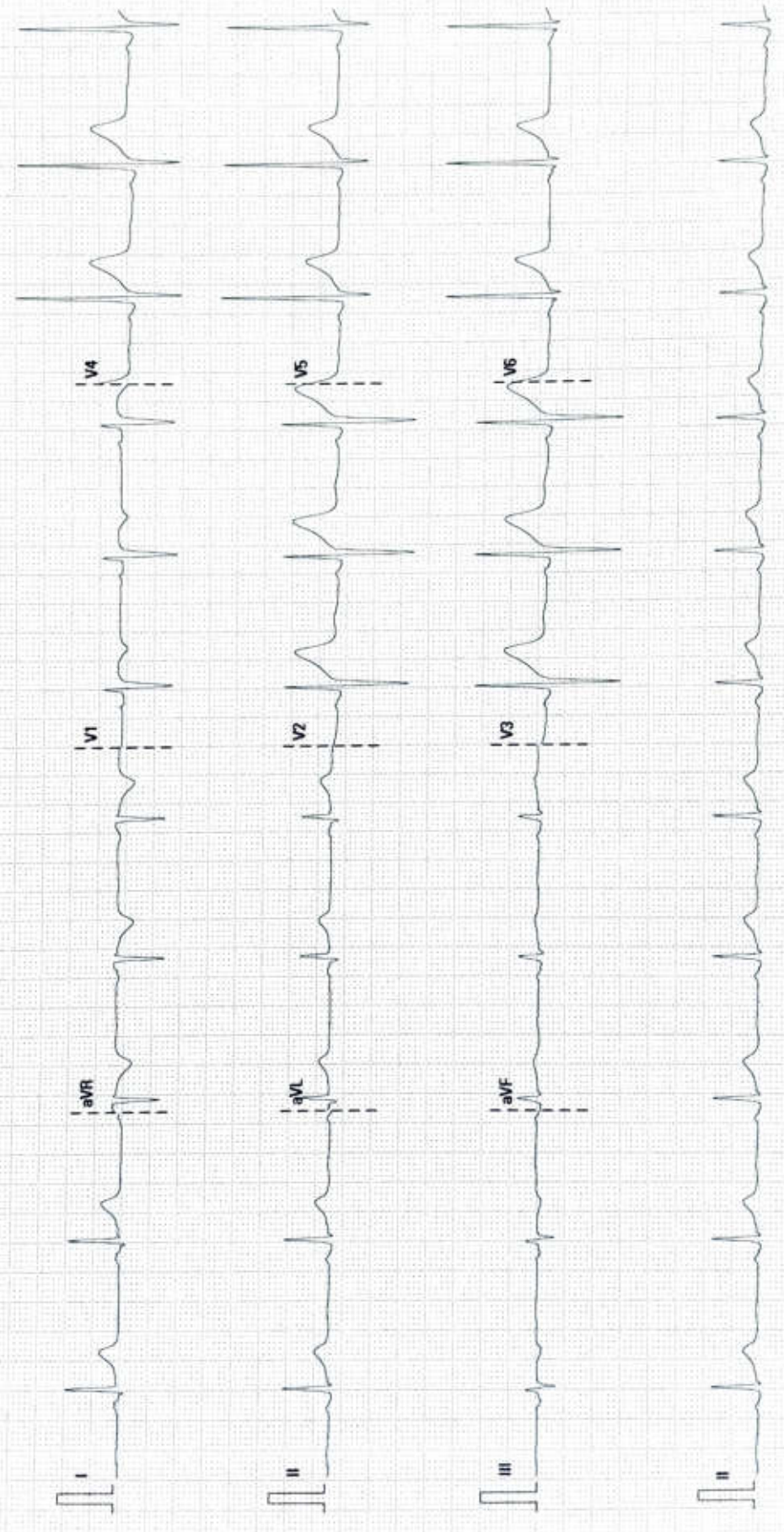
2024071513091366  
MRINMOY JYOTI, SAIKIA  
29 Years  
Male

2024-07-15 13:09:03

Vent. Rate 64 bpm  
PR Interval 128 ms  
QRS Duration 82 ms  
QT/QTc Interval 384/391 ms  
P/QRS/T Axes 37/2/24 deg  
QTc-Hodges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis



Patient Name : Mr. MRINMOY JYOTI SAIKIA  
UHID/MR No. : FLAL.0000005446  
Visit Date : 15-07-2024 13:36  
Sample Collected on : 15-07-2024 14:36  
Sample No : WHB1495796  
Ref Doctor : Dr. ADIL SHOAIB  
Emp/Auth/TPA ID : 123456  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 28 Male  
OP Visit No : FLALOP17526  
Reported on : 15-07-2024 17:13  
Specimen : Whole Blood (Edta)



Pres Doctor: : Dr. ADIL SHOAIB

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HAEMOGRAM			
HAEMOGLOBIN	12.5*	13.0 - 17.0	g/dl
Method: Non Cyanide			
Total WBC Count	7400	4000 - 11000	Cumm
Method: Electrical Impedence			
RBC Count	6.26*	4.5 - 6.0	Million/Cumm
Method: Electrical Impedence			
ESR	05	0 - 20	mm/1st hr
Method: Westergren			
PCV/Haematocrit	40.4	40 - 50	%
Method: Electrical Impedence			
Platelet Count	1.80	1.5 - 4.5	Lakhs/c.mm
Method: Electrical Impedence			
MCV	64.6*	80 - 100	fl
Method: Electrical Impedence			
MCH	20.0*	26 - 34	pg
Method: Electrical Impedence			
MCHC	30.9*	31.5 - 35.0	gm/dl
Method: Electrical Impedence			
Neutrophil	72	40 - 80	%
Lymphocyte	20	20 - 40	%
Monocyte	06	2 - 10	%
Eosinophil	02	1 - 6	%

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RUPEN\_DAS

Dr. NIRANJANA KALITA  
MBBS, DCP  
CONSULTANT PATHOLOGIST



Licensee : D.S. Diagnostic Centre (Clinic)

Amrit Niwas, Main Road, Jyotikuchi,  
Guwahati, Assam-781034  
Phone : +91 9401043940  
E-mail : dsdiagnosticcentre@gmail.com

To book an appointment

70990	62955
70990	63255
70990	27245



**Patient Name** : Mr. MRINMOY JYOTI SAIKIA  
**UHID/MR No.** : FLAL.000005446  
**Visit Date** : 15-07-2024 13:36  
**Sample Collected on** : 15-07-2024 14:36  
**Sample No** : UR1095237  
**Ref Doctor** : Dr. ADIL SHOAB  
**Emp/Auth/TPA ID** : 123456  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**Age / Gender**  
**OP Visit No**  
**Reported on**  
**Specimen**



**Pres Doctor:** : Dr. ADIL SHOAB

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Urine Routine & Microscopy			
	RESULT	Method	REFERENCE RANGE
Volume	40 ml	Macroscopy	
Colour	Pale Yellow	Macroscopy	
Specific Gravity	1.010	Based on pka change	1.005 – 1.030
Appearance	Clear	Macroscopy	
Reaction/pH	7.0	Bromothymol blue /Methyl Red	4.6 – 8.0
<b>Chemical Examination</b>			
Sugar	Nil	GOD-POD	Nil
Protein	Nil	Heat Method	Nil
Bile Salts	Negative	Sulphur Powder Method	Negative
Bile Pigments	Negative	Diazotized Dichloroaniline Method	Negative
<b>Microscopic Examination</b>			
Pus Cells	0-2/hpf	Microscopy	
Red Blood Cells	Nil	Microscopy	
Epithelial Cells	1-3/hpf	Microscopy	
Cast	Nil	Microscopy	
Crystals	Nil	Microscopy	
Others			

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RUPEN\_DAS

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CONSULTANT PATHOLOGIST



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 E-mail : dsdiagnosticcentre@gmail.com

To book an appointment

☎	70990	62955
☎	70990	63255
☎	70990	27245

Patient Name : Mr. MRINMOY JYOTI SAIKIA  
UHID/MR No. : FLAL 0000005446  
Visit Date : 15-07-2024 13:36  
Sample Collected on : 15-07-2024 14:36  
Sample No : BL602461  
Ref Doctor : Dr. ADIL SHOAIB  
Emp/Auth/TPA ID : 123456  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender  
OP Visit No  
Reported on  
Specimen



Pres Doctor: : Dr. ADIL SHOAIB

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Smear reveals normocytic normochromic red cells.  
No other remarkable morphological abnormalities seen in the red cell series.  
No haematoparasites detected.  
Cells of the WBC series are within normal limits.  
No immature cells seen.  
Platelets are adequate and normal in morphology.

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RUPEN\_DAS

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E-mail : dsdiagnosticcentre@gmail.com

To book an appointment

70990	62955
70990	63255
70990	27245



Patient Name : Mr. MRINMOY JYOTI SAIKIA  
UHID/MR No. : FLAL 000005446  
Visit Date : 15-07-2024 13:36  
Sample Collected on : 15-07-2024 14:36  
Sample No : SR02047913  
Ref Doctor : Dr. ADIL SHOAIB  
Emp/Auth/TPA ID : 123456  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender  
OP Visit No  
Reported on  
Specimen

Pres Doctor: : Dr. ADIL SHOAIB



DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
CHOLESTEROL			
S.Cholesterol	168	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dl
GLUCOSE - ( FASTING )			
GLUCOSE - ( FASTING ) Method: Hexokinase	87	70 - 110	mg/dl
CREATININE			
CREATININE Method: Jaffe	0.81	0.70 - 1.30	mg/dl
ALT ( SGPT )			
SGPT/ALT Method: UV with P5P	58	15 - 65	U/L
UREA			
UREA:- Method: urease-GLDH	10.9	10 - 50	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
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Phone : +91 9401043940

E-mail : dsdiagnosticcentre@gmail.com

To book an appointment



Patient Name : Mr. MRINMOY JYOTI SAIKIA  
UHID/MR No. : FLAL 0000005446  
Visit Date : 15-07-2024 13:36  
Sample Collected on : 15-07-2024 14:36  
Sample No : ED895363  
Ref Doctor : Dr. ADIL SHOAIB  
Emp/Auth/TPA ID : 123456  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 29 / Male  
OP Visit No : FLA OP 1628  
Reported on : 15-07-2024 17:13  
Specimen : EDTA Blood

Pres Doctor: : Dr. ADIL SHOAIB



DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	A+		
RH TYPE	POSITIVE		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RUPEN\_DAS

Dr. NIRANJANA KALITA  
MBBS, DCP  
CONSULTANT PATHOLOGIST



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E-mail : dsdiagnosticcentre@gmail.com

To book an appointment

☎	70990	62955
☎	70990	63255
☎	70990	27245

Patient Name : Mr. MRINMOY JYOTI SAIKIA  
 UHID/MR No. : FLAL 0000005446  
 Visit Date : 15-07-2024 13:36  
 Sample Collected on : 15-07-2024 14:36  
 Sample No : ST194415  
 Ref Doctor : Dr. ADIL SHOAIB  
 Emp/Auth/TPA ID : 123456  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender :  
 OP Visit No :  
 Reported on :  
 Specimen :



Pres Doctor: Dr. ADIL SHOAIB

DEPARTMENT OF LABORATORY MEDICINE

STOOL ROUTINE

STOOL EXAMINATION

PHYSICAL EXAMINATION	RESULT	METHOD	REFERENCE RANGE
Color	: Light brown		Brown
Consistency	: Semi Solid		Semi Solid
Reaction/pH	: Alkaline	METHYL RED BROMETHYMOL BULE	6.1 – 7.9
Mucous	<b>Absent</b>		Nil
Blood	<b>Absent</b>		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cell	: Nil		
Ova/Cyst	: Nil		
R.B.C	: Nil		
Vegetable Cells	: +		
Starch Cell	: +		
Fat cells	:		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RUPEN\_DAS

*Kalita*

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To book an appointment

70990 62955

70990 63255

70990 27245



## Workolix ITC MER Part - I

Pre Employment Only

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

### Medical History

Name: <u>Mrinmoy Jyot Saikia</u>		Sex: <u>M</u>	<input checked="" type="checkbox"/> Single/Married/Widow <input type="checkbox"/> Divorced/Separated					
Date of Birth: <u>12/07/1994</u>		Home Address: <u>Vill: Bhakat Gaon. P.O.: Kapahera. Dist.: Morigaon. (Assam) 782103</u>						
Age: <u>29 yrs.</u>								
Have you ever had		If YES, Year	No	Have you ever had	If YES, Year	No		
Tonsils removed			<input checked="" type="checkbox"/>	Fits or Convulsions		<input checked="" type="checkbox"/>		
Appendix removed			<input checked="" type="checkbox"/>	Loss of Memory		<input checked="" type="checkbox"/>		
Other operations			<input checked="" type="checkbox"/>	Loss of Consciousness		<input checked="" type="checkbox"/>		
Typhoid			<input checked="" type="checkbox"/>	Severe Injury		<input checked="" type="checkbox"/>		
Malara			<input checked="" type="checkbox"/>	Loss of Limb or Digit		<input checked="" type="checkbox"/>		
Dysentery		Amoebic	<input checked="" type="checkbox"/>	Drug Reaction		<input checked="" type="checkbox"/>		
		Bacillary	<input checked="" type="checkbox"/>	Any other illness or Injuries		<input checked="" type="checkbox"/>		
Pneumonia			<input checked="" type="checkbox"/>	Worn Glasses or Contact Lenses		<input checked="" type="checkbox"/>		
Jaundice			<input checked="" type="checkbox"/>	Worn a Hearing Aid		<input checked="" type="checkbox"/>		
Tuberculosis			<input checked="" type="checkbox"/>	Been advised to have an operation		<input checked="" type="checkbox"/>		
Asthma			<input checked="" type="checkbox"/>	Been denied Employment for health reasons		<input checked="" type="checkbox"/>		
History of Bleeding Disorder/ bleeding from any source			<input checked="" type="checkbox"/>					
<b>Family History</b>				<b>Has any parent, brother, sister, aunt, uncle or grandparent</b>				
Relation	Age	State of Health	Cause of Death		Yes	No	Relation	Age
Father	70yrs	Good		Had a heart attack		<input checked="" type="checkbox"/>		
				Had a Stroke or high BP		<input checked="" type="checkbox"/>		
Mother	43yrs	Good.		Had Diabetes or sugar in the urine		<input checked="" type="checkbox"/>		
				Had Fits or convulsions		<input checked="" type="checkbox"/>		
Brothers				Had a nervous breakdown or mental illness		<input checked="" type="checkbox"/>		
				Had Asthma, hay fever or allergies		<input checked="" type="checkbox"/>		
Sisters				Had cancer		<input checked="" type="checkbox"/>		
				Committed suicide		<input checked="" type="checkbox"/>		
How much do you drink :				Within the last 12 months, have you been on any diet or medication				
Coffee - cups per day				Yes :				
Tea - cups per day				No : <input checked="" type="checkbox"/>				
Whisky - Oz. Per week								
Beer - Bottles per week								
<b>Menstrual History</b>								
<b>Physical Exercise</b>								
Candidate's Signature				Physician's Signature				
<u>Saikia</u>				<u>[Signature]</u>				

CONSULTANT  
Apollo Clinic  
Dibrugarh



**Part - II**  
**Physical Examination**

1 Height	2 Weight	3 Build : <u>Normal</u> <u>Under Weight</u> <u>Over Weight</u>	4 Pulse	5 Blood Pressure	
6 Respiration	7 Visual Acuity Without Glasses: Rt 6/ <u>6</u> Lt 6/ <u>6</u> With Glasses: Rt 6/ Lt 6/		8 Colour Vision <u>Normal</u> <u>Test</u> <u>Abnormal</u> <u>Missed</u>		9 Near Vision
10 Audiometry	11 Chest Measurements Inspiration: <u>86 cm</u> Expiration: <u>90 cm</u>		12 Immunisations T.A.B.C.      Tetanus Small Pox      Polio Others		

Normal	Abnormal	Nature of Abnormality	
13 Skin			33 Haemogram HB                      Poly RBC                    Baso WBC                   Eosino PCV                    Lympho ESR                    Mono
14 Lymph Glands			
15 Eyes			
16 Funduscopic			
17 Ears			
18 Nose			
19 Mouth & Throat			
20 Teeth			
21 Chest			
22 Neck			
23 Lungs			
24 Heart			
25 Abdomen			
26 Liver			
27 Spleen			
28 Hernia			34 Blood Sugar : Fasting _____ 2 Hrs after 75gm glucose _____
29 Genitalia			35 Blood Group + Rh _____
30 Rectal			36 Bilirubin _____ Gama GT _____ SGOT _____ SGPT _____
31 Vaginal			37 VDRL Hb SA g _____
32 Reflexes			38 Cholesterol TG                      LDL HDL                    VLDL
39 Urea Creatinine Uric Acid	40 Urine Sp. Gr.                      Sugar Alb.                          Micro		41 Stool Ova                          Cysts Parasites
42 X-Ray Chest - PA View	43 ECG		Echocardiogram      Ultrasound of Abdoman

44 I authorise the examiner to report to the Company the result of this examination.

Signature of Examinee \_\_\_\_\_

Recommendations \_\_\_\_\_

(Physician's Signature)

Date: 15/7/24

Qualifications

M.R.B.S

**CONSULTANT**  
**Apollo Clinic**  
**Jyotikuchi**

# CERTIFICATE OF MEDICAL FITNESS

I have examined Mr./Miss/Mrs/ Minnay Jyoti Saikia Son/daughter of Nandeeswar Saikia  
 age 29 yrs on 18/01/2024 After reviewing the medical history and on clinical examination it has been  
 found that he/she is

<ul style="list-style-type: none"> <li>• Medically Fit <span style="float: right;">✓</span></li> </ul>	Tick
<ul style="list-style-type: none"> <li>• Fit with restriction/ recommendation</li> </ul> <p style="text-align: center;">Though Following restriction have been reveled, in my opinion, there are impediments to the job</p> <p>1 .....</p> <p>2 .....</p> <p>3 .....</p> <p style="text-align: center;">However, the employee should follow the advice/medication that has been communicated to him/her</p> <p style="text-align: center;">Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently unfit</li> </ul> <p style="text-align: center;">Review after .....                  .....Recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
 Dr. Signature

CONSULTANT  
 Apollo Clinic  
 Jyankuchi

OPHTHAL SCREENING (EYE EXAMINATION)

11 - 58 kg

Vision - 6/6 (fit)

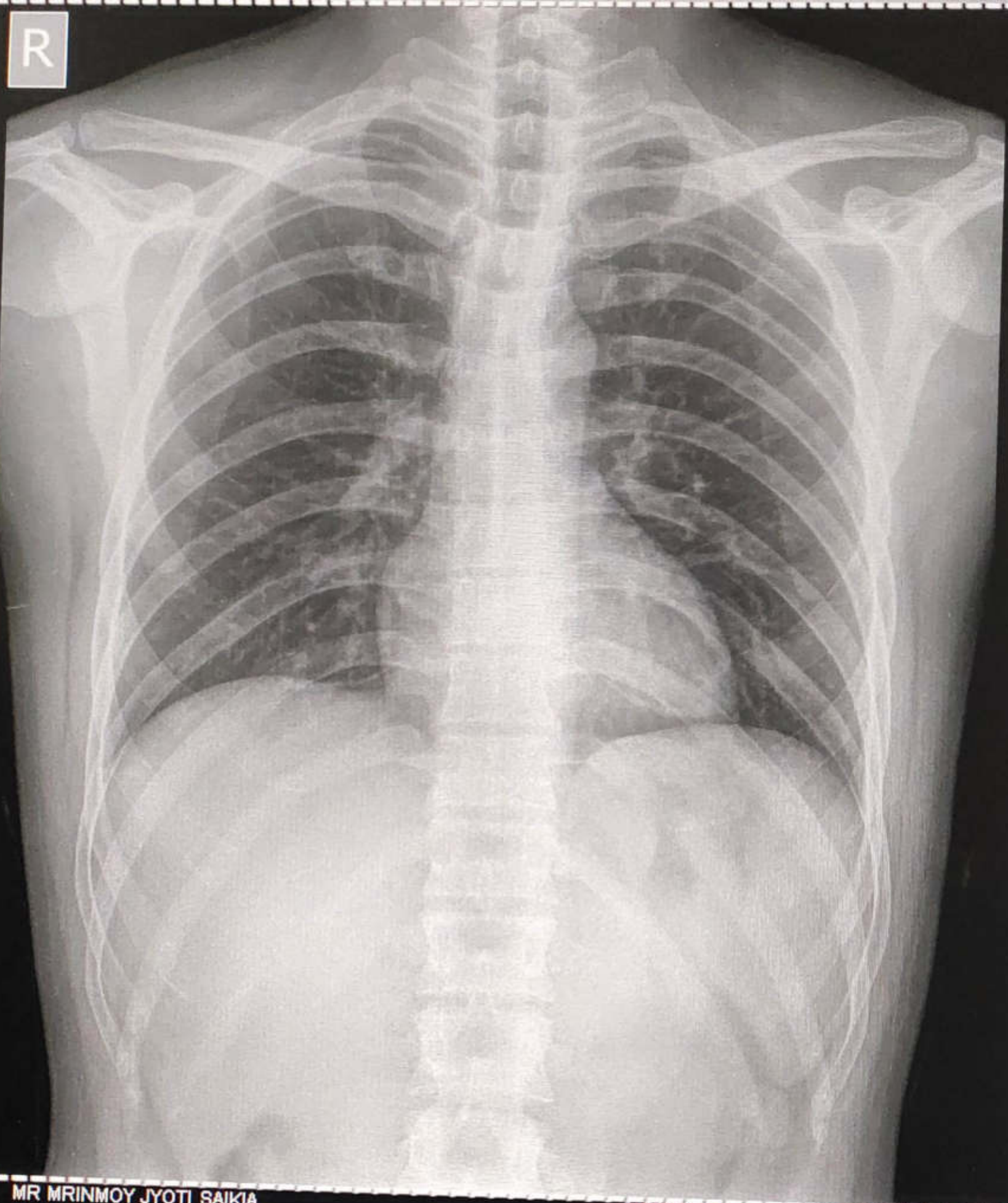
Dr

CONSULTANT  
Apollo Clinic  
Jyotikuchi





R



MR MRINMOY JYOTI SAIKIA  
APOLLO CLINIC, JYOTIKUCHI

7/15/2024

Ref. Dr.

Chest PA

AGFA

