





: Mr.EZHILARASAN T

Age/Gender

: 32 Y 6 M 20 D/M

UHID/MR No

: CTNA.0000207852

Visit ID

: CTNAOPV201392

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : TN1020130014988

Collected

: 08/Jun/2024 08:58AM

Received Reported : 08/Jun/2024 11:24AM : 08/Jun/2024 01:01PM

Status

: Final Report

Sponsor Name

B114 B141/ B B111 B1B14

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen.

IMPRESSION

: Normocytic normochromic blood picture.

.....

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 11



Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:BED240147249

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 10









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA			*	
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.97	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	96.2	fL	83-101	Calculated
MCH	32.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	17.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	64.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5054.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2035.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	234	Cells/cu.mm	20-500	Calculated
MONOCYTES	452.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic.

Page 2 of 11

Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

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Phone - 044-26224504 (05









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

RBC MORPHOLOGY

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NOTE/ COMMENT

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M.B.B.S, M.D(Pathology) Consultant Pathologist

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: 08/Jun/2024 08:58AM

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: 08/Jun/2024 11:24AM : 08/Jun/2024 02:12PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	4		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Page 4 of 11

M.B.B.S, M.D(Pathology) Consultant Pathologist

SIN No:BED240147249

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: 08/Jun/2024 08:58AM

Received

: 08/Jun/2024 11:38AM : 08/Jun/2024 12:04PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	141	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

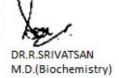
Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Page 5 of 11





SIN No:PLF02169612

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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: Dr.SELF : TN1020130014988 Collected

: 08/Jun/2024 08:58AM

Received

: 08/Jun/2024 11:43AM : 08/Jun/2024 12:58PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE	73	U/L	<50	UV with P5P
(ALT/SGPT), SERUM				

Comment:

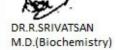
ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Page 6 of 11





SIN No:SE04743570

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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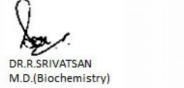
: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL, SERUM	288	mg/dL	<200	CHO-POD

Page 7 of 11





SIN No:SE04743570

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA, SERUM	17.00	mg/dL	17-43	GLDH, Kinetic Assay

Page 8 of 11



M.D.(Biochemistry) SIN No:SE04743570

DR.R.SRIVATSAN

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Age/Gender

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	0.94	mg/dL	0.72 – 1.18	JAFFE METHOD

Page 9 of 11



M.D.(Biochemistry) SIN No:SE04743570

DR.R.SRIVATSAN

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Emp/Auth/TPA ID

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Collected

: 08/Jun/2024 08:58AM

Received : 08/Jun/2024 12:45PM

Reported

: 08/Jun/2024 01:16PM : Final Report

Status Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name Result		Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	NEGATIVE		SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 10 of 11

M.B.B.S, M.D(Pathology) Consultant Pathologist

SIN No:UR2362805

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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: Final Report

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

*** End Of Report ***

Page 11 of 11



Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UR2362805

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102
Phone - 044.26324504 (05



OPTHALMOLOGY



	1		EXPERISE. Closer to you.
Name Wr. E	ZHILARA	SAN.T	Date 08.06.24
Age 32			UHID No. 207852
Sex: Male [] Female		
		THAL FITNESS CERTIF	ICATE
Hlo everng	specs	RE	LE
DV-UCVA	:	6/6	6 6
DV-BCVA	.:		-
NEAR VISION	:	Nb	No
	I:		~~

FIELDS OF VISION

IOP

No

EOM

ANTERIOR SEGMENT

COLOUR VISION

FUNDUS

IMPRESSION

ADVICE

Normal Normal

APOLLO MEDICAL CENTRE

11/4. Sivaprakasam Street. Pondy Bazaar

1. Nagar. Chennal - 600 017

T. Nagar. Chennal - 95001 66355

Phone: 944 - 2434 1066 | 95001 66355

R.L.

CERTIFICATE OF MEDICAL FITNESS

This is to	certify that I have conducted the clinical examination Exhibition on 10 06 2024
After rev	ewing the medical history and on clinical examination it has been found that
• 1	fedically Fit
• }	it with restrictions / recommendations
1	hough following restrictions have been revealed, in my opinion, these are not in the job.
2	Dolptens
-	However the employee should follow the advice/medication that has been
	Review after
• Q	rrently Unfit.
• 1	fit
	Medical Officer The Apollo Clinic, (Location) This certificate is not your form.
	Reg. No. 151903
Apollo Health and Lifes FIN - U851101G2000PLC04608 POLLO CLINICS NE (WORK)	tyle Limiteri 9) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chembers, 5th Floor, Begumpet, Hyderbad, Telangana - 500 016 - Ema LiD, enguror, poelle
hennai (Annanagar Kotturpt Inline appointments: Verse	ram Mogappair T Nagar Valasaravakkam Velachery 10 BOOK AN APPOINTMENT



		PHYSI	CAL EXAMINAT	ION	200 00 \$400,000 10 100,000 100,
NAME	Mr. E=	Shilatas	san. T		
AGE / GENDER	32 1/19			MALE/FEMALE	DATE OF CHECK UP
HEIGHT	166		Cm		
WEIGHT	80.7		Kgs		
BLOOD PRESSURE	140/90		Mm/Hig		
BMI	29,2)			
WAIST	97				
НР	102				
WAIST IP RATION	0.95				
RESPIRATORY RATE	18				
PULSE	86.		Min		
	INSPIR	ATION	103	The state of the s	
CHEST	EXPIRA OPH	ATION Thal examination			COLOUR VISION
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT dEFT
WITHOUT GLASS					RIGHT REEFT CENTREET CAL PORTOY 17 66356 Street, 600 017 66356 Nemalogo 19500166356
WITH GLASS				-0	CAL PORDY 17 66356
REMARKS IF ANY		to the proof of the same of th		10 MES	254481 . 0 3200
			A.P.	OL SWAP WAGAL	CAL PORON B3236 Street 600 017 66356
			^^	Phone Oak	

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62. Ashoka Raghupathi Chembers, 5th Floor, Begumpet, Hyderbad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery)

Online appointments: www.apolloclinic.com





Patient Name : Mr. EZHILARASAN T Age/Gender : 32 Y/M

UHID/MR No. :

: CTNA.0000207852

OP Visit No

: CTNAOPV201392

Sample Collected on

: RAD2346006

Reported on Specimen

: 08-06-2024 13:08

Ref Doctor

LRN#

: SELF

Emp/Auth/TPA ID : TN

: TN1020130014988

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

Normal study.

Dara

 $\frac{\text{Dr. RASHEED ARAFATH HIDAYATHULLAH}}{\text{MBBS, DNB (RD)}}$ Radiology

Name: Mr. EZHILARASAN T Age/Gender: 32 Y/M Address: CHENNAI Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL
Rate Plan: T NAGAR_20052024
Scoperation APCOFEMI HEALTH

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. HARI K

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CTNA.0000207852 CTNAOPV201392 Visit ID: Visit Date: 08-06-2024 08:37

SELF

Discharge Date:

Referred By:

Name: Mr. EZHILARASAN T Age/Gender: 32 Y/M Address: CHENNAI Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL
Rate Plan: T NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. ARUNA BABBURI

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CTNA.0000207852 Visit ID: Visit Date:

CTNAOPV201392 08-06-2024 08:37

Discharge Date:

Referred By:

SELF

Established Patient: No

Vitals

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-06-2024 15:09		140/90 mmHg	Rate/min	F		80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03212

Established Patient: No

Vitals

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-06-2024 15:09		140/90 mmHg	Rate/min	F		80.7 Kgs	%	%	Years	29.29	cms	cms	cms		AHLL03212

APOLLO CLINIC

CONSENT FORM

Patient Name	207852 company Name Atto-femi-pric
Tests done which is a	nform you that I am not interested in getting. part of my routine health check package. satement in my full consciousness.
Patient Signature	Date 8[8]24.

APOLLO WEDICAL CENTER 11/4, Sivaprakasam Street, Pondy Bazaar T. Nagar, Chennai - 600 017. Phone: 044 - 2434 1066 / 95001 66355

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chembers, 5th Floor, Begumpet, Hyderbad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 6/4/2024 3:25 PM

To:earasant07@gmail.com <earasant07@gmail.com>

Cc:Tnagar Apolloclinic <tnagar@apolloclinic.com>;Sreetharan V <sreetharan.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Ezhilarasan Ezhilarasan,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **T NAGAR clinic** on **2024-06-08** at **07:30-07:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, 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.

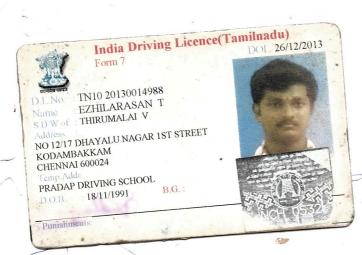
For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO MEDICAL CENTRE,11/4 SIVA PRAKASAM STREET PONDYBAZZAR T-NAGAR-600017.

Contact No: (044) 24341066/24335315 - 16 - 18 - 19.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic



Patient Name : Mr. EZHILARASAN T Age : 32 Y/M

UHID : CTNA.0000207852 OP Visit No : CTNAOPV201392
Reported By: : Dr. HARI K Conducted Date : 08-06-2024 12:36

Referred By : SELF

ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

---- END OF THE REPORT -----

DA

Dr. HARI K