



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee : Mr./Mrs./Ms. **ANUSHA WILSON**  
 2. Mark of Identification : (Mole/Scar/any other (specify location)): **Rt Forearm**  
 3. Age/Date of Birth : **6-3-1990** Gender: **F/M**  
 4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID) **AAADHAR**

**PHYSICAL DETAILS:**

a. Height ..... **151** (cms)      b. Weight ..... **48** (Kgs)      c. Girth of Abdomen ..... **77** (cms)  
 d. Pulse Rate ..... **72** (/Min)      e. Blood Pressure:      Systolic      Diastolic

1 <sup>st</sup> Reading	<b>110</b>	<b>70</b>
2 <sup>nd</sup> Reading		

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<b>54</b>	<b>good</b>	
Mother	<b>49</b>	<b>good</b>	
Brother(s)	<b>28</b>	<b>IC</b>	
Sister(s)			

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<b>NO</b>	<b>NO</b>	<b>NO</b>

**PERSONAL HISTORY**

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. **Y/N**
- b. Have you undergone/been advised any surgical procedure? **Y/N**
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N**
- d. Have you lost or gained weight in past 12 months? **Y/N**

**Have you ever suffered from any of the following?**

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N**
- Any disorders of Respiratory system? **Y/N**
- Any Cardiac or Circulatory Disorders? **Y/N**
- Enlarged glands or any form of Cancer/Tumour? **Y/N**
- Any Musculoskeletal disorder? **Y/N**
- Any disorder of Gastrointestinal System? **Y/N**
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N**
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N**
- Are you presently taking medication of any kind? **Y/N**

**DDRC SRL Diagnostics Private Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
 Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 2318222, web: www.ddrcsrl.com

• Any disorders of Urinary System?

~~Y/N~~

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

~~Y/N~~

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

~~Y/N~~

d. Do you have any history of miscarriage/abortion or MTP

~~Y/N~~

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

~~Y/N~~

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

~~Y/N~~

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

~~Y/N~~

f. Are you now pregnant? If yes, how many months?

~~Y/N~~

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

~~Y/N~~

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

~~Y/N~~

➤ Are there any points on which you suggest further information be obtained?

~~Y/N~~

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

*Nil Particular*

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment. *FIT*

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

*[Handwritten Signature]*

Seal of Medical Examiner :

**Dr. A. M. ANTO IOFHS (Rtd.)  
B.Sc, MBBS; DIH (Cal), PGDHA  
Reg. No. 5667  
CONSULTANT  
DDRC SRL Diagnostic Services  
THRISSUR - 20**

Name & Seal of DDRC SRL Branch :



Date & Time :

*17.1.23*

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



<b>Patient Name: Mrs. ANUSHA WILSON</b>	<b>Age: 26 Y</b>	<b>Sex: Female</b>
<b>Ref. Consultant:</b>	<b>AC No: 4177VL001158</b>	<b>Date: 14.01.2023</b>
<b>Clinical details:</b>		

### USG ABDOMEN

Liver measures 11.3 cm, normal in size and echotexture. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is partially distended and appears normal. No calculus or mass seen.

Spleen measures 8.1 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 8.7 x 3.8 cm and left kidney measures 8.4 x 4.4 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Uterus is anteverted and measures 9.1 x 3.8 x 3.9 cm, normal in size and echotexture. No focal myometrial lesions. Endometrial thickness measures 3.2 mm, cavity is empty.

Both ovaries are normal in size and echotexture. Left ovary shows a dominant follicle.

No adnexal mass seen. No free fluid noted in POD.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

### IMPRESSION

- **No significant abnormality detected.**

**DR. JESWIN PAULSON DMRD**  
**CONSULTANT RADIOLOGIST**

*Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.*

**Dr. Jeswin Paulson MChB, DMRD**  
 Reg. No. 43581  
 Consultant Radiologist

Patient name	Mrs. ANUSHA 26 F	Age/Sex	26 Years / Female
Patient ID	210511SU2-23-01-14-11	Visit No	1
Referred by	Dr. SELF	Visit Date	14/01/2023



<b>Patient Name:</b> Mrs. ANUSHA WILSON	<b>Age:</b> 26 Y	<b>Sex:</b> Female
<b>Ref. Consultant:</b>	<b>AC No:</b> 4177VL001158	<b>Date:</b> 14.01.2023
<b>Clinical details:</b>		

### USG BOTH BREASTS

All four quadrants of both breasts show predominantly glandular tissue.

Normal breast tissue echotexture noted bilaterally.

No evidence of any solid/cystic lesions.

Subareolar regions on both sides appear normal.

No evidence of duct dilatation seen.

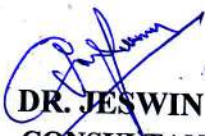
No evidence of any focal collection or abscess formation.

Axillary tail region and bilateral axilla appear normal.

No evidence of enlarged axillary lymphnodes.

### IMPRESSION

- No significant abnormality detected.
- No focal lesions identified.

  
**DR. JESWIN PAULSON DMRD**  
**CONSULTANT RADIOLOGIST**

*Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.*

**Dr. Jeswin Paulson, SBS, DMRD**  
Reg. No. 43581  
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