MER- MEDICAL EXAMINATION REPORT

	31820	24.	
Date of Examination			
NAME Jai Singh	Gender	Mole.	
AGE 57 yrs.	WEIGHT (kg)	81 kg.	
HEIGHT(cm) 163 cm	114/80	nubly.	
ECG			
X Ray	NAD Color Vision: Noem		
Vision Checkup	Far Vision Ratio: R-6/18 } Aided		
	Near Vision Ratio: NS-	- Acded. Hyprothyroidismenke tonke Weakness of Men 1 2021 & 2022. tony in 2023.	
Present Ailments	O Covid Positive in	2021 \$ 2022.	
	Haemorrhoides		
Comments / Advice : She / He is Physically Fit			

Signature with Stamp of Medical Examiner

Dr. MUKUL ARTE MBBS, DNB
Rega. No: 44293 (MMC)
Approved By DG Shipping (GOI)
Approved By DG Shipping (GOI)
Consultant in Markie Medicine & Aviation Medicine
A-101-102, Hentage Plaza, Tali Cross Lane,
Andheri East, Mumbai-400 069
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
of Tay Singh on	
After reviewing the medical history and on clinical examination it has been found	
After reviewing the medical history and on enmedical entire that he/she is	
that he/site is	
Medically Fit	
• Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1	
Review after	
Currently Unfit. Review after	
* Unfit	
Dr. Medical Officer The Apollo Clinic, (Location) Dr. MUKUL ARTE MBBS, DNB	

This certificate is not meant for medicapproved Pyth Spipping (GOI)

Consultant in Maline & Solicine & Aviation Medicine
Consultant in Maline & Solicine & Aviation Medicine & Aviation Medicine
Consultant in Maline & Solicine & Aviation Medicine & Aviation Me



Report ID

: JSM31814459

Patient Name : Mr. JAI SINGH

Rank Ref By

: DR, MUKUL ARTE

: 31-Aug-2024

Report Date

: 02-Sep-2024

Company Name : M/S. APOLLO HEALTH AND LIFESTYLE

Age/Sex

: 57 Year / Male

CHEST X RAY REPORT

X-Ray No: 7382

Investigation: Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression:

Normal Chest X-Ray.

Dr. Jacob Mathew MD

Proudly... Caring For You



ECHOCARDIOGRAPHIC EVALUTION

NAME: JAI SINGH

AGE/SEX: 57 YRS/ M

REF: APOLLO

DATE: 31/08/2024

IMPRESSION:-

1) Mild concentric LVH rest all chambers normal in size.

- 2) Normal LV function.
- 3) No regional wall motion abnormality.
- 4) LV ejection fraction = 60 %
- 5) Great vessels are normal in size, relation & position.
- 6) IVS & IAS are intact.
- 7) Pericardium appears normal.
- 8) IVC normal in size and well collapsing with respiration.
- 9) No pulmonary hypertension present. RVSP by TR jet velocity = 23 mmHG
- 10) No evidence of clot in la & left ventricle.

DR. JACOB MATHEW MD, DMM, DTCD PHYSICIAN MARINE MEDICINE





: CHA1522 PID NO.

: JAI SINGH Name

: Male / 57 Years Sex / Age

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

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31-Aug-2024 /10:04 am

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31-Aug-2024 / 3:50 pm

REPORT

Complete	Blood	Count
----------	-------	-------

	Result	<u>Units</u>	BIOLOGICAL REFERENCE INTERVAL	
Test Hemoglobin	11.4	gm/dl	13.0 -17.0	
RED BLOOD CELLS R.B.C. Count	4.19	million / cumm	4.5- 5.5	
нст	34.9	%	40- 50	
MCV .	83.2	fL	83 - 101	
мсн	27.1	pg	27 - 32	
MCHC	32.6	gm / dl	31.5 - 34.5	
RDW (CV)	13.5	%	11.6- 14.0	
Total W.B.C. Count	6620	/cu.mm.	4000 - 10000	
DIFFERENTIAL COUNT Neutrophils	64	%	40 - 80	
Lymphocytes	30	%	20 - 40	
Eosinophils	03	%	1 - 6	

Pritam Dhanawade

Thanawade

Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY

Pathologist MMC Reg No.2006031680

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704







: CHA1522

Name

: JAI SINGH

Sex / Age

: Male / 57 Years

Ref By

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REPORT

Complete Blood Count

	Comp	lete Blood Cou	int		
	Result	<u>Units</u>	BIOLOGICAL REFE	REFERENCE INTERVAL	
<u>Test</u>	eventure.	%	2 - 10		
Monocytes	03	70			
Basophils	00	%	0 - 1		
Platelet Count	179000	/cumm	150000 - 410000		
MORPHOLOGY RBC Morphology	Predominantl	y Normocytic and No	ormochromic.		
WBC Morphology	Normal Morp	hology.			
Platelets on Smear	Adequate on				
2	. = e.ll cou	ator (RRC, WRC, Platelets	s count by impedance, Haemoglobin	by colorimetric	

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by c Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----

Pritam Dhanawade Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY **Pathologist** MMC Reg No.2006031680

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REPORT

Erythrocyte Sedimentation Rate (ESR) BIOLOGICAL REFERENCE INTERVAL

Test E.S.R

Result

55

Units

mm at 1hr

0 - 15

Method: Westergren.

Sample: Whole Blood (EDTA)

----- End of Report -----

Pritam Dhanawade

Lab Technician

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Powai: 022-25701053 / 25704157

Website: www.seabirdhf.com Email: seabird@seabirdhf.com







: CHA1522

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REPORT

BLOOD GLUCOSE

Test

Result

112.61

Units mg/dl

BIOLOGICAL REFERENCE INTERVAL

70.00 - 100.00 mg/dl

Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase)

Interpretation:

NORMAL: 70 - 100 mg/dl Pre-Diabetic: 100 - 125 mg/dl

Diabetic: >125 mg/dl

(ON MORE THAN ONE OCCASION) Reference: American diabetes association guidelines 2022

Urine Glucose (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

Blood Glucose (PP) plasma

112.20

mg/dl

70.00 - 140.00

(Plasma, Method- Hexokinase)

Interpretation: Non-Diabetic: 70 - 140 mg/dl

Pre-Diabetic: 140 - 199 mg/dl

Diabetic: >200 mg/dl

(ON MORE THAN ONE OCCASION)

Reference: American diabetes association guidelines 2022

Urine Glucose (PP)

Absent

Absent

Urine Ketones (PP)

Absent

Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade

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Lab Technician

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Powai: 022-25701053 / 25704157







: CHA1522 PID NO.

: JAI SINGH

: Male / 57 Years Sex / Age

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BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

---- End of Report -----

Pritam Dhanawade Lab Technician

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Pował: 022-25701053 / 25704157







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REPORT

Blood Group

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

BLOOD GROUP

ABO Group

"B"

RH(D)

Positive

Method : Cell (Forward) grouping by Manual Slide Method.

Sample: Whole Blood (EDTA)

----- End of Report -----

Pritam Dhanawade Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY **Pathologist**

MMC Reg No.2006031680

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REPORT

Glycosylated Haemoglobin (HbA1c)

	Glycosylate	Slycosylated Haemoglobin (112,112)			
	Result	<u>Units</u>	BIOLOGICAL REFERENCE INTERVAL		
<u>Test</u>	5.66	%	4 - 5.69		
HbA1c Pre-Diabetic: 5.7 - 6.4 % Diabetic: > = 6.5	5.00				
(EDTA Whole Blood, Turbidimetric) Mean Blood Glucose (MBG)	124.20	mg/dl			

Interpretation & Remark:

- 1. HbA1c is used for mointoring diabetic control. It reflects the estimated average glucose (eAG). 2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off
- points of 6.5 %.
- 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test. 4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation sugested.
- 5. To estimate the eAG from the HbA1C value, the following equation is used : eAg(mg/dl)=28.7*A1c-46.7.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF> 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
- 7. In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.

Excellent Control - 6 to 7 % Fair to Good Control - 7 to 8 %

Unsatisfactory Control - 8 to 10 %

- and Poor Control More than 10 %
- 8. Test done on Mispa i3 Automated Cartridge Based Specific Protein Analyser.

----- End of Report -----

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REPORT

LIPID PROFILE

			BIOLOGICAL REFERENCE INTERVAL
T	Result	<u>Units</u>	
Test Total Cholesterol Serum, Method: CHOD-PAP	173.71	mg/dl	CHILD Desirable - Less than: 170 CHILD Borderline High: 170 - 199 CHILD High - More than: 200 ADULT Desirable - Less than: 200 ADULT Borderline High: 200 - 239 ADULT High - More than: 240
Triglycerides Serum, Method: GPO-PAP	228.48	mg/dl	NORMAL: <150 Borderline High: 150 - 199 High: 200 - 499 Very High: >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	48.75	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	79.26	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol	45.70	mg/dl	5 - 51
Calculated T.CHOL/HDLC Ratio Calculated	3.56		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

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REPORT

LIPID PROFILE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

LDLC/HDLC Ratio Calculated

1.63

Acceptable for Males: < 3.60

Acceptable for Females: < 3.20

NOTE:

1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.

2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser. 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

----- End of Report -----

ranawade Pritam Dhanawade

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Pował: 022-25701053 / 25704157

Website: www.seabirdhf.com Email: seabird@seabirdhf.com





: CHA1522

Name

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REPORT

LIVER FUNCTION TEST

	LIVERTORO		BIOLOGICAL REFERENCE INTERVAL	
	Result	<u>Units</u>	BIOLOGICAL REP	EKENCL INTERVAL
<u>Test</u>	18.94	U/L	0 - 40	
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)		U/L	40 - 129	
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	57.25		0 - 41	
CCPT	12.77	U/L	•	
(Serum, Method-IFCC / UV without PSP)	20	U/L	8 - 61	
GGT (Serum ,Method-IFCC Method)	0.77	mg/dl	0.0 - 1.20	
Bilirubin (Total) (Serum ,Method-Diazo- End point)		mg/dl	0.0 - 0.40	
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.12		0.0 - 0.90	
Bilirubin (Indirect)	0.65	mg/dl	0.0	
Calculated Total Proteins	7.36	g/dl	6.6 - 8.7	
(serum,Method-Biuret)	4.25	g/dl	3.5 - 5.2	
Albumin (Serum, Method-Bromocresol Green)	4.25		1.90 - 3.70	
Globulin	3.11	g/dl	1.00	
Calculated A/G ratio	1.37			
Calculated		I-t- Analyses		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade

hanawade

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REPORT

LIVER FUNCTION TEST

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

- End of Report -----

Pritam Dhanawade

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REPORT

RENAL PROFILE

ERENCE INTERVAL

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

Pritam Dhanawade Lab Technician

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31-Aug-2024 /10:10 am

Report Date

31-Aug-2024 / 3:50 pm

REPORT

THYROID FUNCTION TEST

	IIIII		DEEEDENCE INTERVAL
	Result	<u>Units</u>	BIOLOGICAL REFERENCE INTERVAL
<u>Test</u>	-	µIU/ml	0.25-5 μIU/ml
TSH	5.38	provin	
	1.10	nmol/l	0.92-2.33 nmol/l
Т3	1.19	Tillion.	
	104.47	nmol/l	60-120 nmol/l
T4	104.47	11110111	
			(ELEA)

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

TSH: A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some

chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland

receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive

hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually

additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening

in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4: Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyfoKine-binding

is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be

diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

----- End of Report -

nanawade

Pritam Dhanawade

Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY **Pathologist** MMC Reg No.2006031680

Page 13 of 15

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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157







: CHA1522

Name

: JAI SINGH

Sex / Age

: Male / 57 Years

Ref By .

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference:

Sample Collected At:

Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Reg. Date

31-Aug-2024 /10:16 am

Coll Date

31-Aug-2024 /10:10 am

Report Date

31-Aug-2024 / 3:50 pm

REPORT

URINE ANALYSIS

	URINE ANALYSIS		THE PERSON NETTERNAL
Test	Result	<u>Units</u>	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
CHEMICAL EXAMINATION Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
. Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

Pritam Dhanawade

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DR.RITESH KHARCHE MBBS, MD PATHOLOGY **Pathologist** MMC Reg No.2006031680

Page 14 of 15

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31-Aug-2024 / 3:50 pm

REPORT

URINE ANALYSIS

	URI	NE ANALTSIS		EDENCE INTERVAL
Test Ocult Blood	Result Absent	<u>Units</u>	BIOLOGICAL REF	ERENCE INTERVAL
MICROSCOPIC EXAMINATION Pus Cells	1 - 2 / hpf		2 - 3 / hpf	
Red Blood Cells	Absent		Absent	
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf	
Casts	Absent		Absent	
Crystals	Absent		Absent	
Other Findings	Absent			

Chemical Examination: Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of

Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

nanawade

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Powal: 022-25701053 / 25704157



TEST REPORT

Lab ID : 40833815117 **Laboratory Report**

: Mr. JAY SINGH **Patient**

DOB

Tel No

PID No

Sex/Age : Male / 57 Years

Ref Id

Specimen ; Serum

Ref. By

: Sea Bird Medicare Pvt Ltd - Powai

102-104, Gateway Plaza, Central Avenue, Hiranandani

Gardens Powai - 400076

Processing Location:

NDPL - Vidyavihar

Registered On:

31-Aug-2024 14:15

Collected On:

31-Aug-2024 14:15

Reported On:

31-Aug-2024 16:58

UNIT **BIOLOGICAL REF RANGE** REMARKS **RESULTS TEST**

Prostate Specific Antigen (PSA)

Prostate Specific Antigen

0.373

ng/mL

Upto 3.5

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3,8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

^{*%} of population

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

eat DSA concentration is in the range of 4.0-10.0 ng/ml.:

Probability of cancer					
Free PSA/total PSA ratio	50-59 years	60-69 years	> or =70 years		
< or =0.10	49%	58%	65%		
0.11-0.18	27%	34%	41%		
0.19-0.25	18%	24%	30%		
>0.25	9%	12%	16%		

---- End Of Report ----

Verified by

SHAMBHAVI GARDE.



Dr Nilesh Bhamare.

M.D.Pathology MMC Reg.No.2005/9/3404



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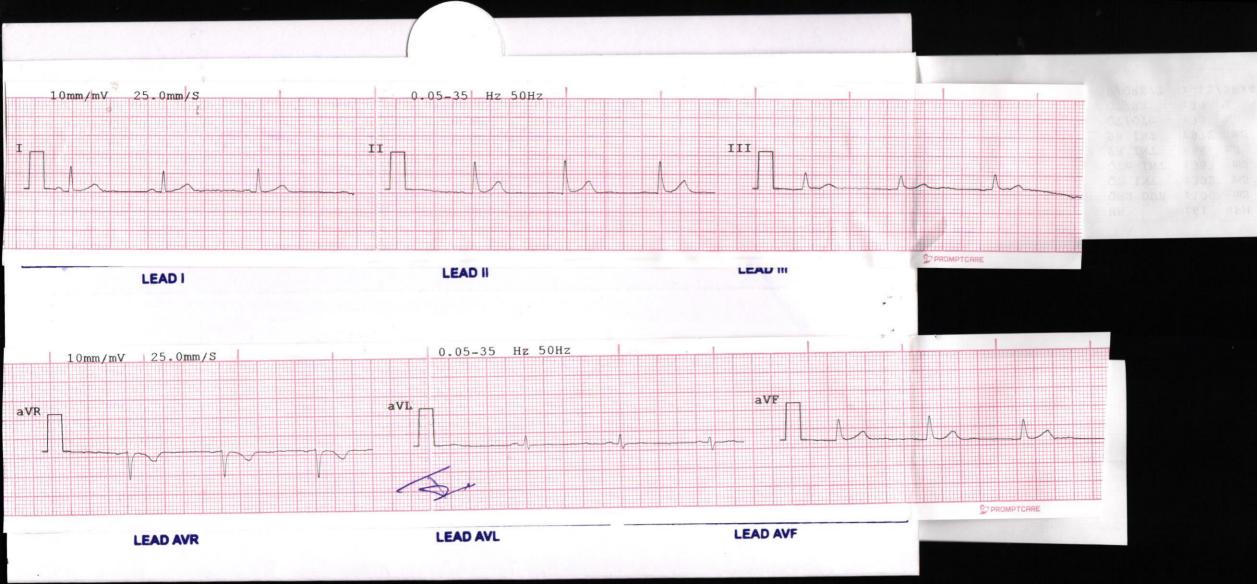


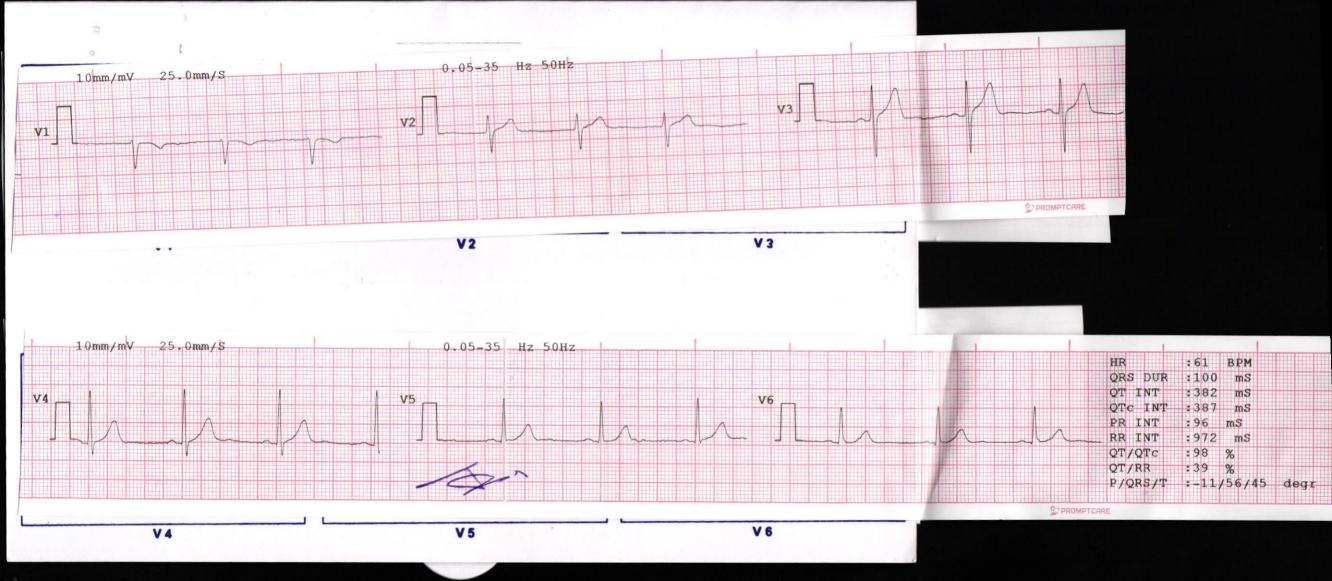






ST.





RATE 6 12	RHYTHM ROY	voltage	N
P.WAVE	PR. INTERVAL	Q. WAVE	
QRS COMPLEX	Regn. No: 44293 (MMC) Regn. No: By DG Shipping (GOI)	electric T. WAVE	
REMARKS Will	Regn. No. 44293 (MMC) Approved By DG Shipping (GOI)	Merkeins	

25/8/18 BATE 31/8/24	46015	IDT BMA
Website: www.seabirdhf.com / Email: seabird@seabirdhf.com	(STOZ - T006 :OSI)	
102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Poz-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Mumbai - 400076. Tel.: 2570 4157 / 2570 1053	Sea Bird Medicare Centre	\approx
101-102, Heritage Plaza, Telli Cross Lane, Andheri East (Nr. Station), Mumbai - 400069. Tel.: 022-4603 2704 / 81046 06813	bus Sea Sird	***
ТЯОЧЭЯ ЭІНЧАЯЭС	ЕГЕСТВОСАВДІ	