MER- MEDICAL EXAMINATION REPORT

Data CE : :	
Date of Examination	15/05/2024
NAME	Rahul Maugy
AGE	9 7 Gender Mayo
HEIGHT(cm)	(63) WEIGHT (kg) 30 Kg
B.P.	134/80
ECG	Normal
X Ray	No Significant abormatity detected.
Vision Checkup	Color Vision: Normal Far Vision Ratio: LO10 - RO16 Near Vision Ratio: LN6 - RN16
	Near Vision Ratio: LNG - RN16
Present Ailments	NIL
Details of Past ailments (If Any)	NIL
Comments / Advice : She /He is Physically Fit	FIT

Dr. VATSAL-SINGH,

, Bilaspur (C.G.)

Signature with Man 851 M 2023 Examiner

Pros. 20211

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
of Rahul Maurya on 15/05/2024	
After reviewing the medical history and on clinical examination it has been found that he/she is	
	Tick
Medically Fit	
• Fit with restrictions/recommendations	11
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	, , , , , , , , , , , , , , , , , , ,
1	
	-
2	13
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
* Currently Unfit.	
Review after	ed
• Unfit	1
Dr. VATSAL SINIO	
Medical Strespur (C.G.)	
The Apollo Chair tongition)

This certificate is not meant for medico-legal purposes

15-05-24

15-05-2024 11:25:43 AM	Dr. Watsale Singh, came span (C.G. Came of the standard of the		AND	0mm/mV 2*5.0s CARDIART 91C3 D V1.44 Glasgow V28.6.7 RIDDHI DIAGNOSTICS
Rahul Maurya Male 27Years Req. No.:			avy	0.67~100Hz AC50 25mm/s 10mm/mV



Mr. RAHUL MAURYA

PID NO.202415519945

AGE 27 Y / SEX Male

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/4139

Sample Received on/at:

15/05/2024 12:08PM

Reported on/at

15/05/2024 03:52PM

HAEMATOLOGY

Investigation

Observed Value

Unit

Biological Reference Interval

ESR- Erythrocyte Sedimentation Rate

ESR- Erythrocyte Sedimentation Rate 09

mm/hr

0 - 15

(Citrate Blood)

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease.

Changes are more significant than a single abnormal test.

2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.

3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)

"B"

RhD (Rh Typing)

POSITIVE

These report are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Sr. Technician

Page 4 of 5

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



02415519945

Mr. RAHUL MAURYA

PID NO.202415519945

AGE 27 Y / SEX Male

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/4139

Sample Received on/at:

15/05/2024 12:08PM

Reported on/at

15/05/2024 03:52PM

•	CBC Haemogram				
	Haemoglobin(Hb)	15.1	gm/dl	12 - 17	
	Erythrocyte (RBC) Count	5.48	mill/cu.mm.	4.0-6.0	
	PCV (Packed Cell Volume)	44.6	%	38-48	
	MCV (Mean Corpuscular Volume)	81.4	fL	78 - 100	
	MCH (Mean Corpuscular Haemoglob	oin) 27.6	pg	27 - 32	
	MCHC (Mean Corpuscular Hb Concr	n.) 33.9	g/dl	32 - 36	
	Total Leucocytes Count (TLC)	6300	cells/cu.mm.	4000-11000	
	Differential Leucocyte Count (DLC)				
	Neutrophils	60	%	40-75	
	Lymphocytes	35	%	20-45	
	Monocytes	03	%	2 - 10	
	Eosinophils	02	%	1 - 6	
	Basophils	00	%	0 - 1	
	Absolute Neutrophil count	3780	/cu.mm	2000-7000	
	Absolute Lymphocyte count	2205	/cu.mm	1000-3000	
	Absolute Eosinophils Count	126	/cmm	20-500	
	Absolute Monocyte count	189	/cu.mm	200-1000	
	Absolute Basophil count	0	/cu.mm	0-200	
	<u>Platelets</u>				
	PLT Count	289,000	/cmm	150,000 - 450,000	

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.

(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Differential count is based on approximately 10,000 cells.

These report are machine generated for assisting medical professionals in their diagnosis and treatments.

Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By Sr. Technician

Page 5 of 5

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



24.155.1994.5

Mr. RAHUL MAURYA

PID NO.202415519945

AGE 27 Y / SEX Male

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/4139

Sample Received on/at: 15/05/2024 12:08PM

Reported on/at

15/05/2024 03:52PM

BIOCHEMISTRY

Investigation

Observed Value

Unit

Biological Reference Interval

Creatinine

0.8

mg/di

0.7 - 1.3

These reports are machine generated for assisting medical professionals in their diagnosis and treatments . Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Bilirubin

Bilirubin - Total

0.6

mg/dl

0.1 - 1.2

(Serum, Diazo)

0.2

mg/dl

0-0.2

Bilirubin - Direct (Serum, Diazo)

0.40

mg/dl

0 - 1

Bilirubin (Indirect) (Serum,Calculated)

These report are machine generated for assisting medical professionsl in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes/evidences.

BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen

12.3

mg/dl

7 - 20

(Serum, Urease)

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

PP (Glucose-Post Prandial)

Glucose -Post prandial

103

mg/dl

Normat 70-139

Impaired Tolerance: 140-199

Diabetes mellitus: >= 200

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

These reports are machine generated for assisting medical professionals in their diagnosis and treatments .Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By

Page 1 of 5

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



Mr. RAHUL MAURYA

AGE 27 Y / SEX Male

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/4139

Sample Received on/at: 15/05/2024 12:08PM

Reported on/at

15/05/2024 03:52PM

RBS (Random Blood Sugar)

Glucose Random

91

mg/dl

Normal: < 140

Diabetes mellitus: >= 200

Method- GOD-POD

(on more than one occassion) (American diabetes association guidelines 2014)

These reports are machine generated for assisting medical professionals in their diagnosis and treatments .Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

SGPT (ALT)

19

U/L

0 - 45

(Serum, Enzymatic)

These report are machine generated for assisting medical professionals in their diagnosis and treatments.

Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By Sr. Technician

Page 2 of 5

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



Mr. RAHUL MAURYA

AGE 27 Y / SEX Male

PID NO.202415519945

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/4139

Sample Received ordat:

15/05/2024 12:08PM

Reported on/at

15/05/2024 03:52PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Examination Routine			
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
Chemical Examination			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
Microscopic Examination			
Pus cells	0-1	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/hpf	0 - 4
Crystals	Nil	/hpf	NIL
Casts	Nil	/hpf	Nil

These reports are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By Sr. Technician

Page 3 of 5

Dr. Digvtjay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Dethi



NAME	MR. RAHUL MAURYA	AGE/SEX	27Y/MALE
REF BY.	HEALTH CHECKUP BILASPUR	DATE	15-05- 2024

X-RAY CHEST PA VIEW

OBSERVATIONS;-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

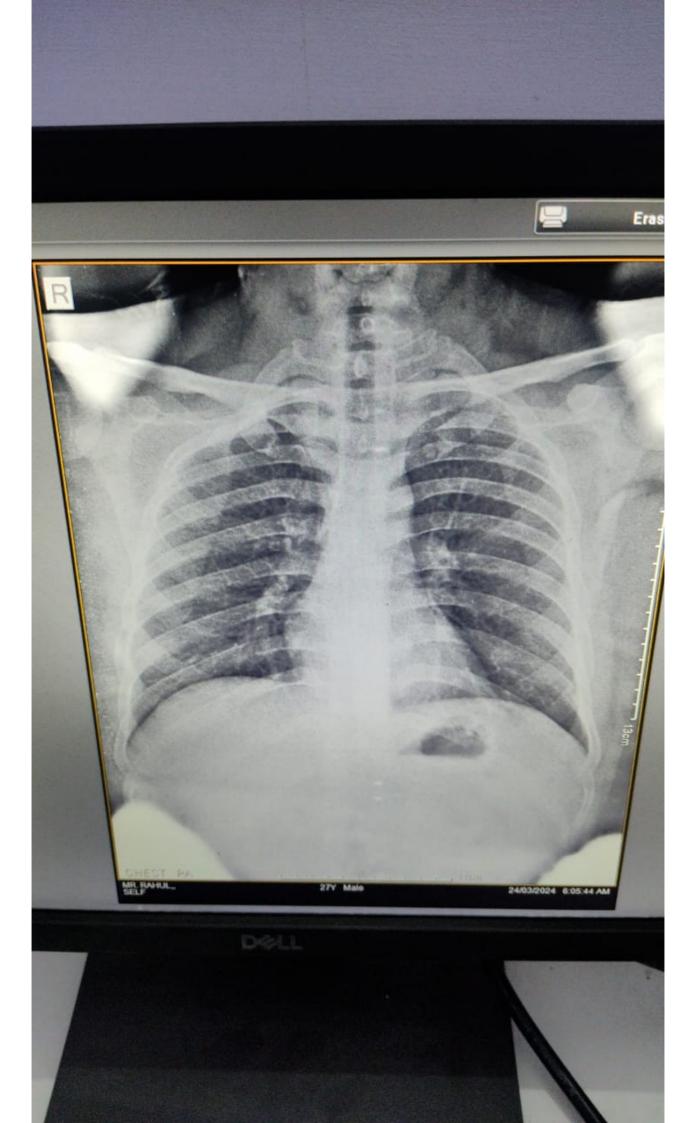
IMPRESSION: - No significant abnormality detected.

ADVICE:- Clinical correlation and follow up.

Dr. Avinash. Rathod. MBBS, DMRD.

Consultant Radiologist Reg.no 2011/05/1616.

Disclaimer: It is an online interpretation of medical imaging based on clinical data.modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.







Pmaug1/9







34PV+MHQ, Civil Lines, Masanganj, Chhattisgarh 495001, India Lat 22.086703°

Long 82.144014°

15/05/24 11:13 AM GMT +05:30



