



Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Ravindra Goyal** aged, **41yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: **13/07/2024**

Dr. Nilesh
MBBS
M-47093

Name & Signature of

Medical officer

Report



Patient Name : MR. RAVINDRA KUMAR GOYAL	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 13/07/2024 16:08:40
Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:37:41
LCID No : 10676380	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 17:00:21
UID No : LCL58185192 130724		DOB : 08/01/1983

Blood Sugar Fasting

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting By Hexokinase method	: 91.00	mg/dl	60-110

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

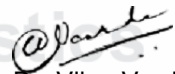
HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

Test done on Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde

M.D. D.P.B

Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895

Report



Patient Name : MR. RAVINDRA KUMAR GOYAL	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 13/07/2024 16:08:40
Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:26:40
LCID No : 10676381	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 17:00:21
UID No : LCL58185192 130724		DOB : 08/01/1983

Bilirubin

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) By Diazo Method	: 0.84	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) By Diazo Method	: 0.20	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) Calculated	: 0.64	mg/dl	Upto 0.9

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----



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Consultant Pathologist



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Patient Name : MR. RAVINDRA KUMAR GOYAL	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 13/07/2024 16:08:40
Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:26:40
LCID No : 10676382	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 17:00:21
UID No : LCL58185192 130724		DOB : 08/01/1983

Complete Blood Count

Test	Result	Unit	Biological Reference Interval
<u>HEMATOLOGY</u>			
Haemoglobin	: 15.30	gms%	13-17
(Mod.Cyanmethemoglobin)			
R.B.C Count (Impedence)	: 5.01	$\times 10^6/\text{cmm}$	4.5 - 5.5
PCV (Conductivity)	: 45.70	%	40 - 50
MCV (Calculated)	: 91.22	fL	83 - 101
MCH (Calculated)	: 30.54	Pg	27 - 32
MCHC (Calculated)	: 33.48	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	: 5.15	$\times 10^3/\text{cmm}$	4 - 10
RDW (Calculated)	: 13.1	%	11.6 - 14.0
MPV (Calculated)	: 9.7	fL	6 - 11
Platelet Count (Impedence)	: 2.66	$\times 10^5/\text{cmm}$	1.50 - 4.10
<u>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</u>			
Neutrophils	: 45	%	40 - 80
Lymphocytes	: 41	%	20 - 40
Eosinophils	: 06	%	0 - 6
Monocytes	: 08	%	0 - 10
Basophils	: 0	%	0 - 2
RBC Morphology	: Normocytic normochromic		
<i>Staining & Microscopy</i>			
WBC Morphology	: Normal		
<i>Staining & Microscopy</i>			
Platelets	: Adequate on smear.		
<i>Staining & Microscopy</i>			

Test done on Fully Automated Horiba Analyser.



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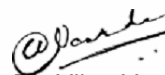


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UID No : LCL58185192 130724		DOB : 08/01/1983

BUN/CREATININE RATIO

Test	Result	Unit	Biological Reference Interval
BUN / Creatinine Ratio	: 5.87		10.0 - 20.0

----- End Of Report -----



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M.D. D.P.B
Consultant Pathologist





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UID No : LCL58185192 130724		DOB : 08/01/1983

Erythrocyte Sedimentation Rate (E.S.R)

Test	Result	Unit	Biological Reference Interval
E.S.R.	: 04	mm	0 - 15

By Whole Blood Modified Westergren Method

Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions.
ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.

----- End Of Report -----



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LCL58185192 130724

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Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:26:40
LCID No : 10676384	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 18:18:52
UID No : LCL58185192 130724		DOB : 08/01/1983

Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial	: 94.00	mg/dl	70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

NOTE : Post-Lunch Blood sugar can be lower than Fasting blood sugar due to factors like Medicines, insulin response, Diet etc.

Test done of Fully Automated Siemens Analyser.

----- End Of Report -----



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M.D. D.P.B

Consultant Pathologist



MC - 2895

BIORAD *years of Service*



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Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:37:41
LCID No : 10676381	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 17:25:08
UID No : LCL58185192 130724		DOB : 08/01/1983

Creatinine

Test	Result	Unit	Biological Reference Interval
S. Creatinine	: 1.09	mg/dl	0.70-1.30

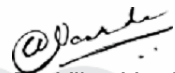
Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----



Lifecare
diagnostics


Dr. Vijay Varde
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UID No : LCL58185192 130724		DOB : 08/01/1983

S.G.P.T

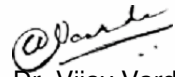
Test	Result	Unit	Biological Reference Interval
S.G.P.T.	: 37.0	U/L	16 - 63

By Enzymatic Method

Tests done on Fully Automated Analyser.

----- End Of Report -----




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Age/Sex : 41 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 13/07/2024 16:26:40
LCID No : 10676385	Collected At : Sample collected inside the lab	Reported On : 13/07/2024 18:18:52
UID No : LCL58185192 130724		DOB : 08/01/1983

Urine Routine Examination

Test	Result	Unit	Reference Range
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Physical Examination

Quantity	: 30 ml		
Colour	: Pale yellow		
Appearance	: Slightly hazy		
Specific Gravity	: 1.025		1.000 - 1.035

By Ion Concentration / Color Indicator

Reaction (pH)	: 6.0		5.0 - 8.0
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By Color Indicator

Chemical Examination

Proteins	: Absent		Absent
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By Sulphosalicylic acid ppt Method

Bile salts	: Absent		Absent
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By Diazo/ Fouchet

Bile Pigments	: Absent		Absent
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By Diazo/ Fouchet

Occult Blood	: Absent		Absent
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By Oxidation

Glucose	: Absent		Absent
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By Enzymatic, GOD-POD & Benedicts Test

Ketones	: Absent		Absent
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By Rothera method

Urobilinogen	: Normal		
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By Diozo/p-amino Benzaldehyde

Microscopic Examination (per H.P.F.)

Epithelial Cells	: 0 - 2	/hpf	0 - 5
Leucocytes	: 1 - 2	/hpf	0 - 5
Red Blood Cells	: Absent	/hpf	Absent
Casts	: Absent		Absent
Crystals	: Absent		Absent
Comments	: -		



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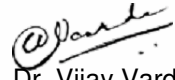


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UID No : LCL58185192 130724		DOB : 08/01/1983

Blood Group

ABO Group : "A"

Rh Factor (D) : "Positive"

Method : Forward and Reverse Agglutination

----- End Of Report -----



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H = 174
W = 90

Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>
to crm.lokhandwala@lifecarediagnostics.com
cc: rani.g@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deven.ansari.bagchi@apollohl.com, dilip.b@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 13-07-2024 at your Life care Diagnostic and research centre PVT ltd-Andheri West Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MTR as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adbhutam portal as per specifications given earlier.

9820116147

41
08/01/1983

Package Inclusions	Customer Name	Gender	Relation	DOB	Age	Emp ID	Mobile No
Urine Routine (CUE), GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL), ALT (SGPT) - Serum / Plasma, Bilirubin, Total - Serum, Creatinine - Serum / Plasma, Blood Grouping And Typing (Abo And Rh), ECG, HEMOGRAM (CBC+ESR), X-Ray Chest PA, Fitness by General Physician, Ophthal by General Physician, BUN/CREATININE RATIO	ARCOFEMI MEDIWHEEL PMC CREDIT - PMC PACK PAN INDIA H - PAN OP INDIA - AGREEMENTFY2324	Ravindra Goyal	male	Self	08-01- 1983	N/A	network@mediwheel.in85278624792024-07-13 08:30-AHCN- 09:00 40412072401

Please login to AHCN Portal for more details.

AHCN Login Uri - Click on Link

Register:
Team: Clinic Operations
Apollo Health and Lifestyle Ltd..

~~Urine~~
~~BSP~~
~~ECG~~ santosh
~~bray~~
~~eye~~

PPT

Done

OPHTHALMIC REPORT

NAME: Mr. Ravindra K. Goyal

DATE: 13/07/2024

AGE: 41yr / male.

H/O. (BE) Lasik sx done in 2013.

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6/6	6/6	6/6
With Glasses	—	—	—

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	NG	NG	NG
With Glasses	—	—	—

	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterio Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	—	—
Fundus	—	—

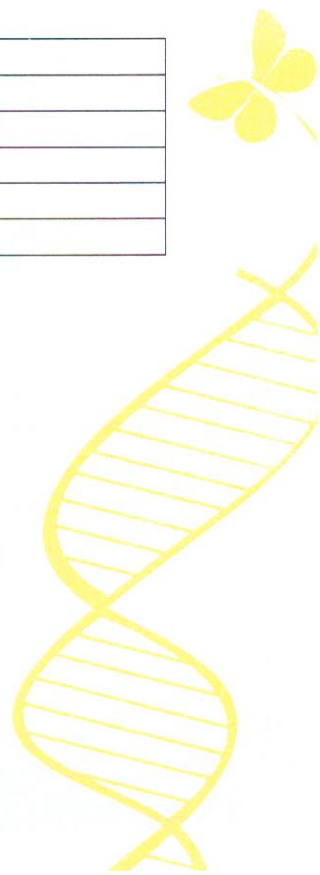
Advise:

- Both Eyes fit



OPTOMETRIST

Lifecare Diagnostics & Research Center Pvt. Ltd
1st Floor, Sunshine Opp. Sheshtri Nagar,
Chandwala Complex, Andheri (W),
Mumbai- 400053.





भारत सरकार
GOVERNMENT OF INDIA



Ravindra Kumar Goyal

रविंद्र कुमार गोयल

जन्म तिथि/DOB:

08-01-1983

पुरुष / MALE



8010 5022 8302



भारतीय विशिष्ट पहचान अधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O रविंद्र कुमार गोयल, ४० २४०४,
पारडिस बिल्डिंग, ऑफ टागोर रोड, सरला
सिंग हास्य समार, अनन्त मोहता मार्ग नवका,
मोहता मार्ग, मुंबई,
महाराष्ट्र-४०००५४

Address:

S/O Devendra Kumar Goyal 403404
Paradise Building, Off Tagore Road,
Opp. Sarla Nursing Home, Nasir Anil
Mohita Marg, Santacruz (West),
Mumbai,
Maharashtra-400054



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1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.C. Box No. 1947
Bangaluru-560 007



EQAS
BIORAD

26
Years of Service



Lifecare

diagnostics

MEDICAL EXAMINATION REPORT

Name : Rawindra Gagan Date : 13-7-24
 Date of Birth : 8-1-1983 Age : 41 Sex : male
 Referred by : APOLCO Proof of Identification : Aadhar

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height _____ cm b. Weight _____ kg. c. Blood Pressure : <u>116/80</u> mm Hg. d. Pulse Rate <u>70</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histry disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



PLEASE TICK THE RELEVANT BOXES		Yes	No	PLEASE TICK THE RELEVANT BOXES		Yes	No
13) OTHERS				15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)		<input type="checkbox"/>	<input type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b. Is there any enlargement of Thyroid?		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
c. Is there any suspicion of any other Endocrine disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:			
d. Is hernia present? If yes, give details.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?		<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?		<input type="checkbox"/>	<input type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?		<input type="checkbox"/>	<input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?		<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
14) HABITS & ADDICTIONS							
Does the examinee consume tobacco/alcohol/drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.		<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
-	Costly oprelve done at 9 Co Ben
-	dx - Tab. Telme Go Ho ... etc
-	Fciter - Om motro H7r

Remarks on present health status :

Recommendations (if any):

<p style="text-align: center;"></p> <p style="text-align: center;">Lifecare Diagnostics & Research Center Pvt. Ltd 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala Complex, Andheri (W), Mumbai - 400053.</p> <p>Name & Signature of Doctor</p>	<p>The above statements and answers made to the medical examiner(s) are complete and true.</p> <p style="text-align: center;"></p> <p style="text-align: center;">Signature of Examinee</p>
--	---

Date

Place

NOTES:

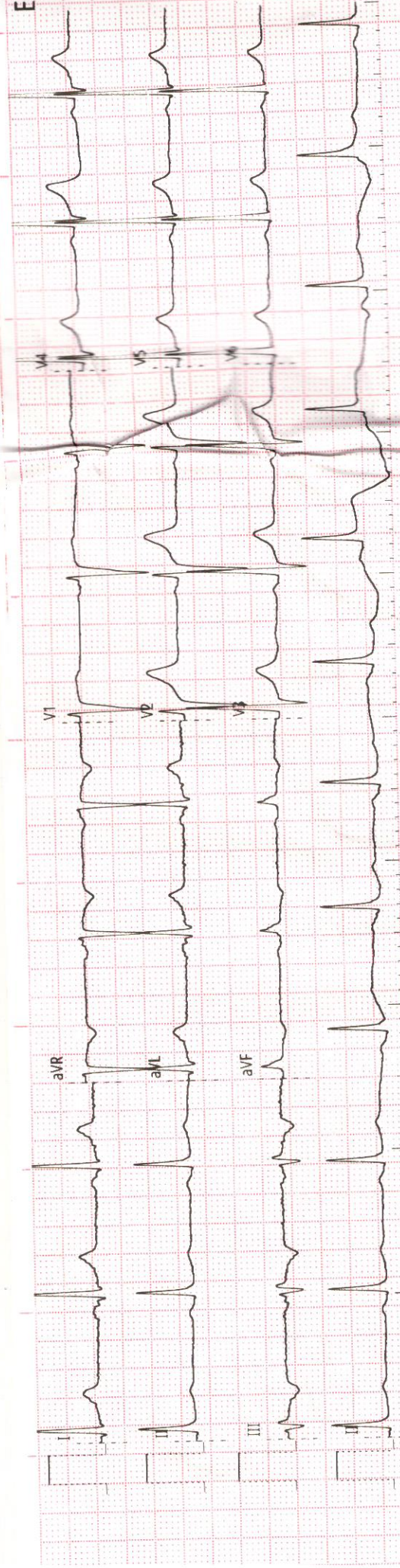


Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
 Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
 Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
 Malad Branch : Gala No 2, Vijay Industrial Estate, Chincholi Bunder, Near Evershine Mall, Link Road, Malad West, Mumbai 400064. Tel.: 2871 4701 Tel.: 9167223834
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 Mumbai : Versova | Lokhandwala | Goregaon | Malad | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : adm@lifecareindia.com | feedback@lifecareindia.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.

ECG report

ID : 2024
Name : RAVI
Gender : M
Age : 41 Y
Dept :
Bed No :



0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv 1.0.25 Simultaneous

ECG report

ID : 20240712225111

Name : RAVINDRA GOYAL

Gender: M

Age : 41 Years

Dept :

Bed No:

HR : 67 bpm

PR : 138 ms

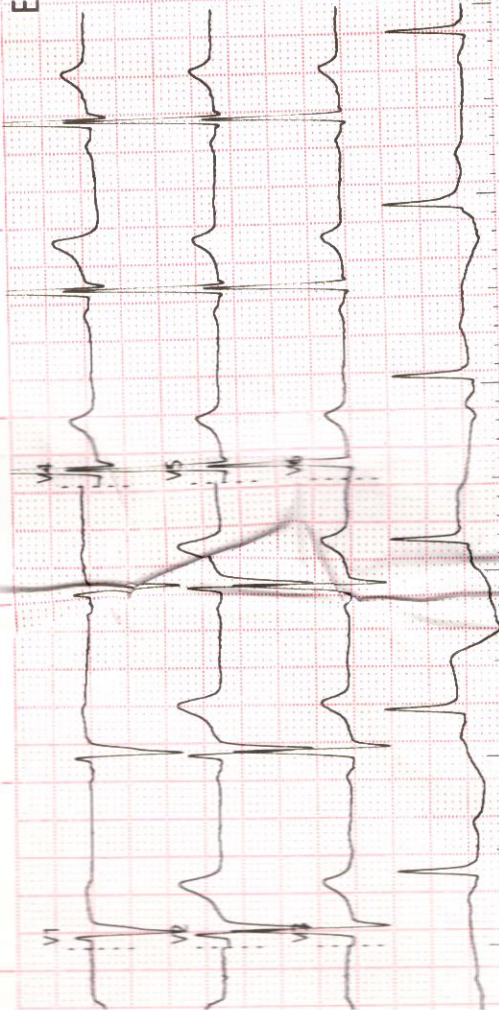
QRS : 100 ms

QT/QTc : 398/410 ms

P/QRS/T : -3/32/-7°

RV5/SV1 : 2.104/1.190 mv

RV5+SV1 : 3.294 mv



RS

REPORT

— sinus rhythm

— left axis deviation


— T wave inversion in lead III, JVF

— consider sinusitis

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