



Mediwheel
...Your wellness partner

011-

41195959 [Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Hi **Amar Jyoti Hospital,**

Diagnostic/Hospital Location :**Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134, City: Begusarai**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000227
Beneficiary Name : MR. KUMAR RITESH
Member Age : 35
Member Gender : Male
Member Relation : Employee
Package Name : Medi-wheel Full Body Health Checkup Male Below 40
Location : KHAGARIA, Bihar-851214
Contact Details : 8758312256
Booking Date : 04-08-2023
Appointment Date : 12-08-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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.

We request you to facilitate the employee on priority.

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भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पिता/भारत नाम: अबधेश कुमार,
कुशवाह टोला, जगतपुर, लोडीपुर,
भागलपुर, सबौर, भागलपुर, बिहार,
812001

Address:
S/o: Abdhesh Kumar, Kushwaha
Tola, Jagatpur, Lodipur, Bhagalpur,
Sabour, Bhagalpur, Bihar, 812001



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1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001



भारत सरकार
GOVERNMENT OF INDIA



रितेश कुमार

Ritesh Kumar

DOB: 28-02-1985

Gender: Male



4784 8023 1134

आधार - आम आदमी का अधिकार

Rm
8158312256

MEDICAL EXAMINATION REPORT

Name Gender M / F Date of Birth
 Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input checked="" type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input checked="" type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input checked="" type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- | | | | |
|-----------------------------------|--|------------------------------|--|
| a. Neck : | Have you ever injured or experienced pain? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back : | If Yes ; approximate date (MM/YYYY) | | |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs | Resulted in time of work? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Surgery Required ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Ongoing Problems ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
- b. Do you have knee pain when squatting or kneeling? Yes No
- c. Do you have back pain when forwarding or twisting? Yes No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- Walking : Yes No •Kneeling : Yes No •Squatting : Yes No
- Climbing : Yes No •Sitting : Yes No
- Standing : Yes No •Bending : Yes No
- f. Do you have pain when working with hand tools? Yes No
- g. Do you experience any difficulty operating machinery? Yes No
- h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height b. Weight Blood Pressure mmhg

Chest measurements: a. Normal b. Expanded

Waist Circumference Ear, Nose & Throat

Skin Respiratory System

Vision Nervous System

Circulatory System Genito-urinary System

Gastro-intestinal System Colour Vision

Discuss Particulars of Section B :

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray ECG

Complete Blood Count Urine, routine

Serum cholesterol Blood sugar

Blood Group S.Creatinine

D. CONCLUSION :

Any further investigations required

Any precautions suggested

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____

I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date :

AMAR JYOTI HOSPITAL
Dr. Ravi Raj
M.B.B.S
 Reg. No. - 55108
 Signature of Medical Adviser

Eye Examination Report

Candidate Name: RITESH KUMAR

Age/ Gender: 35/M

Date: 12/08/2025

This is to certify that I have examined Mr./Ms. RITESH KUMAR hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<u>6/6</u>	L	<u>6/6</u>	<u>NORMAL</u>

Doctor Signature:

Doctor Stamp

AMAR JYOTI HOSPITAL
Dr. Chandra Shekhar Kumar
M.B.B. & MD (OPHTHALMOLOGY)
REG. No.- 41209

Ritesh kumar

12.08.2023 2:53:09
Amar jyoti Hospital, Beusarai

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

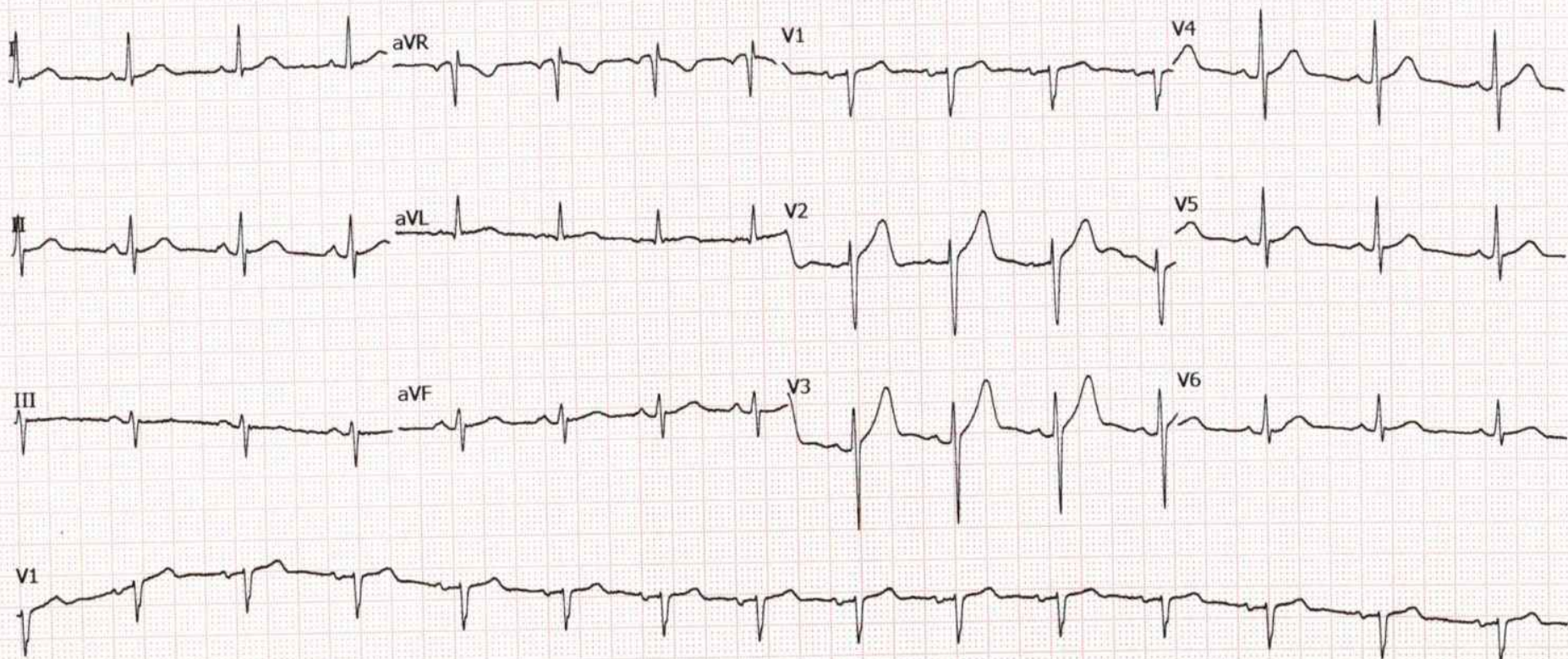
88 bpm
--/-- mmHg

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 344 / 416 ms
PR : 138 ms
P : 92 ms
RR / PP : 678 / 681 ms
P / QRS / T : 63 / -2 / 39 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



DR. SASHIBHUSHAN

M.D. Pathologist (BHU)

Reg. No. : 52269

MD. SHAHNAWAZKHAN

B.M.L.T.

Reg. No. : BR1822

**JAMAR
JYOTI
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- RITESH KUMAR

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:35 Y

Haematological Test Report

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	: 12.8	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count	: 5900	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil	: 58	%	40-70
Lymphocyte	: 39	%	20-40
Eosinophil	: 02	%	01-09
Monocyte	: 01	%	02-10
Basophil	: 00	%	00-05
<u>RBC Indices</u>			
R B C Count	: 3.75	mil./cumm	3.9-5.6
Haematocrit (PCV)	: 37.9	%	36-47
MCV	: 101	fL	75-96
MCH	: 33.4	pg	27-32
MCHC	: 35.5	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count	: 1,65,000	/cumm	150000-400000
ESR	: 18	mm/1 st hr.	00-15

*** End of report***



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Date: 12/08/2023

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Sex M Age:35 Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
B.Urea	30.0	mg/dl	17-45
S.Creatinine	0.9	mg/dl	0.6-1.4
S.Uric Acid	6.2	mg/dl	2.5-7.0
S.Sodium	140	m mpl/L	135-155
S.Potassium	3.9	m mpl/L	3.5-5.5
S.Chloride	98.0	meq/L	97-109
S.Calcium	8.0	mg%	8.5-10.5

End of report



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Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:35 Y

LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S Bilirubin Total	0.99	mg/dl	up to 1.2
Conjugate	0.22	mg/dl	up to 0.4
Unconjugate	0.77	mg/dl	up to 0.8
SGPT	52.0	U/L	up to 40
SGOT	39.0	U/L	up to 38
Alkaline Phosphatase	141	U/L	37-167
S.Protein Total	6.2	gm%	6.0-8.0
Albumin	3.8	gm%	3.7-5.3
Globulin	2.4	gm%	1.5-3.5
A/G Ratio	1.58		1.0-2.0

End of report



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LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Triglyceride	115	mg%DI	10-170
Total Cholesterol	165	mg%dL	130-200
H.D.L Cholesterol	43	mg%dL	40-75
L D H Cholesterol	122	mg%dL	80-120
TC/HDL Cholesterol	3.83	Ratio	3.0-5.0
LDL/HDL	2.83	Ratio	1.5-3.5
V L D L Cholesterol	23	mg%dL	07-30

*** End of report***



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Sex M Age:35 Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Fasting Blood Sugar	89.0	mg/dl	70-110
2Hrs After Lunch (PP)	94.0	mg/dl	80-140

End of report



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Sex M Age:35 Y

Report on Blood Examination

<u>TES</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Blood Group Rh	'O' Positive		
HbA1c(HPLC)	5.12	%	5.7-6.4
Average Blood Glucose(ABG):	125.28	mg/Dl	90-120

End of report



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

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Report on Blood Examination

TEST	RESULT	UNIT	REFERENCE RANG
TSH	2.12	μ IU/mL	0.35-4.94

End of report



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Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:35 Y

URINE REPORT

PHYSICAL EXAMINATION:

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.2

DEPOSITS : Present

REACTION : Acidic

SP .Gravity :1.020

CHEMICAL EXAMINATION:

PROTEIN : Nil

BILE PIGMENT: Absent

UROBILINOGEN: Absent

NITRITE : Neagtive

SUGAR : Nil

BILI SAL : Absent

KETONE BODIES: Absent

MICROSCOPIC EXAMINATION:

EPTHELIAL CELL: 0-2/hpf

PUS CELL : 2-3/hpf

CASTS : Absent

BACTERIA : Absent

RBC : Absent

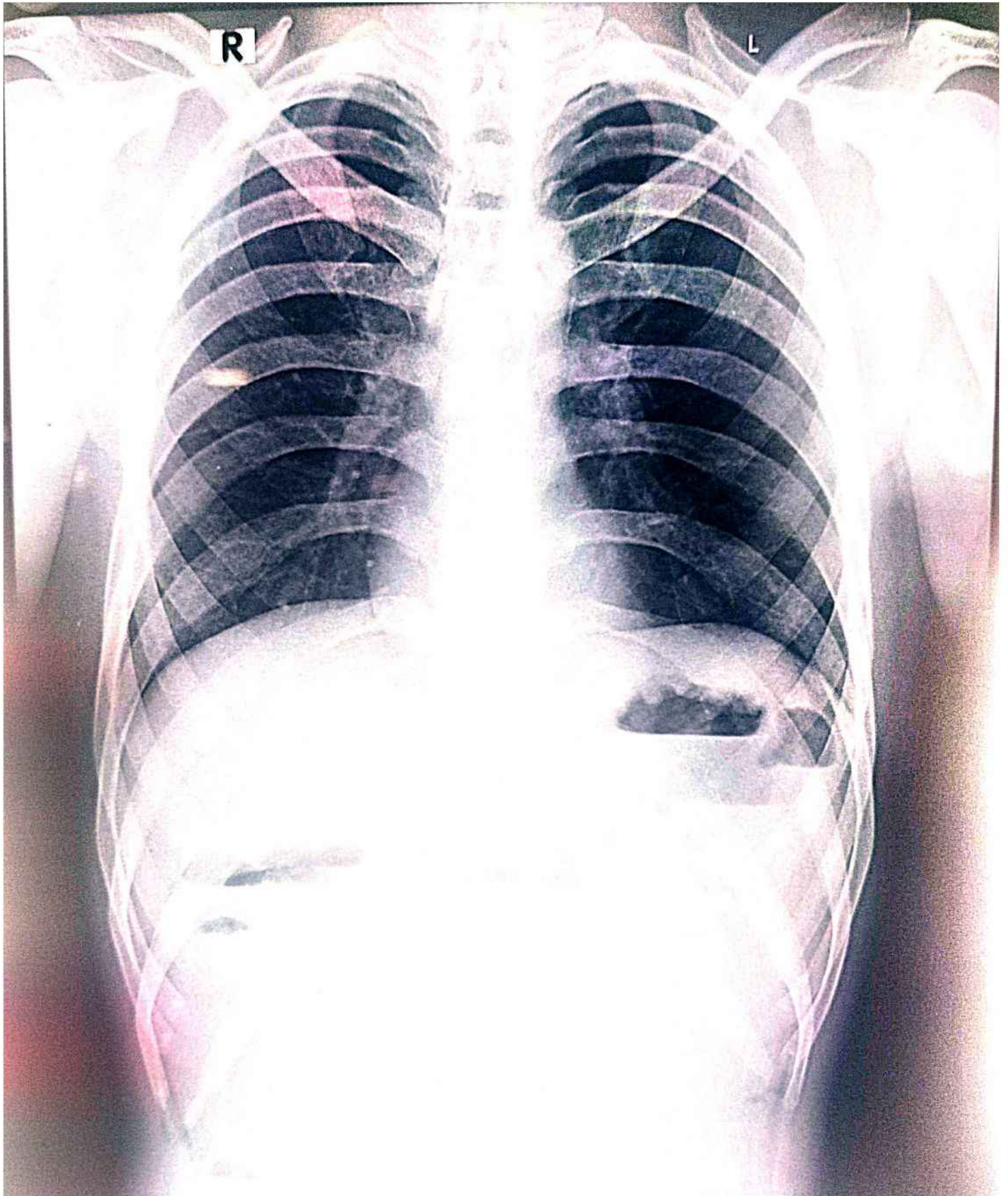
Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

*** End of report***





**RITESH KUMAR 35/Y DR AMAR JYOTI HOSPITAL 12.08.2023.A.05
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**