

Fwd: Health Check up Booking Confirmed Request(bobE43161),Package Code-
PKG10000227, Beneficiary Code-41675

roshan singh <roshans042@gmail.com>

Fri 8/25/2023 2:01 PM

To:naugac <naugac@bankofbaroda.com>

है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
DM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, 1 Aug 2023, 15:27

Subject: Health Check up Booking Confirmed Request(bobE43161),Package Code-PKG10000227,
Beneficiary Code-41675

To: <roshans042@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Email:wellness@mediwheel.in

Dear **MR. SINGH ROSHAN KUMAR,**

Please find the confirmation for following request.

Booking Date : 01-08-2023

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

**Name of
Diagnostic/Hospital** : Amar Jyoti Hospital

**Address of
Diagnostic/Hospital** : Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134

Contact Details : 8521712741

City : Begusarai

State : Bihar

Pincode : 851134

Appointment Date : 26-08-2023

**Confirmation
Status** : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 8:30AM

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.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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भारत सरकार
Government of India



रोशन कुमार सिंह
Roshan Kumar Singh
जन्म तिथि / DOB: 01/01/1985
पुरुष / Male



9304 5956 3526



भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

पता: आत्मज. बिकाश कुमार सिंह,
दुर्गा मंदिर के पास, राजेंद्र कॉलोनी,
नागाछिया, भागलपुर, नागाछिया,
बिहार, 853204

Address: S/O Bikash Kumar Singh, Near
Durga Mandir, Rajendra Colony,
Naugachhia, Bhagalpur, Naugachhia, Bihar,
853204

9304 5956 3526

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आधार - आम आदमी का अधिकार

[Handwritten signature]
26/08/23
81A0649261

MEDICAL EXAMINATION REPORT

Name ROSHAN KUMAR SINGH Gender M / F Date of Birth 01/01/1985
 Position Selected For Asst Manager Identification marks A mole @ ear @ eye

A. HISTORY:

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input checked="" type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input 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 type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

NO

3. List allergies to any known medications or chemicals

Not known

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 No
- b. Back : If Yes ; approximate date (MM/YYYY) Yes No
- c. Shoulder, Elbow, Wrists, Hands Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- 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	<u>170cm</u>	b. Weight	<u>75kg</u>	Blood Pressure	<u>120 / 80</u> mmhg
Chest measurements:		a. Normal	<u>98cm</u>	b. Expanded	<u>100cm</u>
Waist Circumference	<u>34</u>	Ear, Nose & Throat	<u>WNL</u>		
Skin	<u>WNL</u>	Respiratory System	<u>BAE (+)</u>		
Vision	<u>6/6</u>	Nervous System	<u>NLNF</u>		
Circulatory System	<u>WNL</u>	Genito-urinary System	<u>WNL</u>		
Gastro-intestinal System	<u>WNL</u>	Colour Vision	<u>NORMAL</u>		

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray	<u>WNL</u>	ECG	<u>WNL</u>
Complete Blood Count	<u>Hb: 13.5 gm%, PC: 6,900/cu</u>	Urine routine	<u>WNL</u>
Serum cholesterol	<u>170mg/dl</u>	Blood sugar	<u>FBS-102mg/dl, PPBI-130mg/dl</u>
Blood Group	<u>A+ve</u>	S.Creatinine	<u>1.1mg/dl</u>

D. CONCLUSION :

Any further investigations required	Any precautions suggested
<u>-</u>	<u>-</u>

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 : 26/8/23

AMAR JYOTI HOSPITAL
Dr. Ravi Raj
M.B.B.S
 Reg. No. 55108
 Signature of Medical Officer
26/8/23

Eye Examination Report

Candidate Name: ROSHAN KUMAR SINGH

Age/ Gender: 38/M


Date: 26/08/2023 ROSHAN KUMAR SINGH

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

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

Doctor Signature:

Doctor Stamp

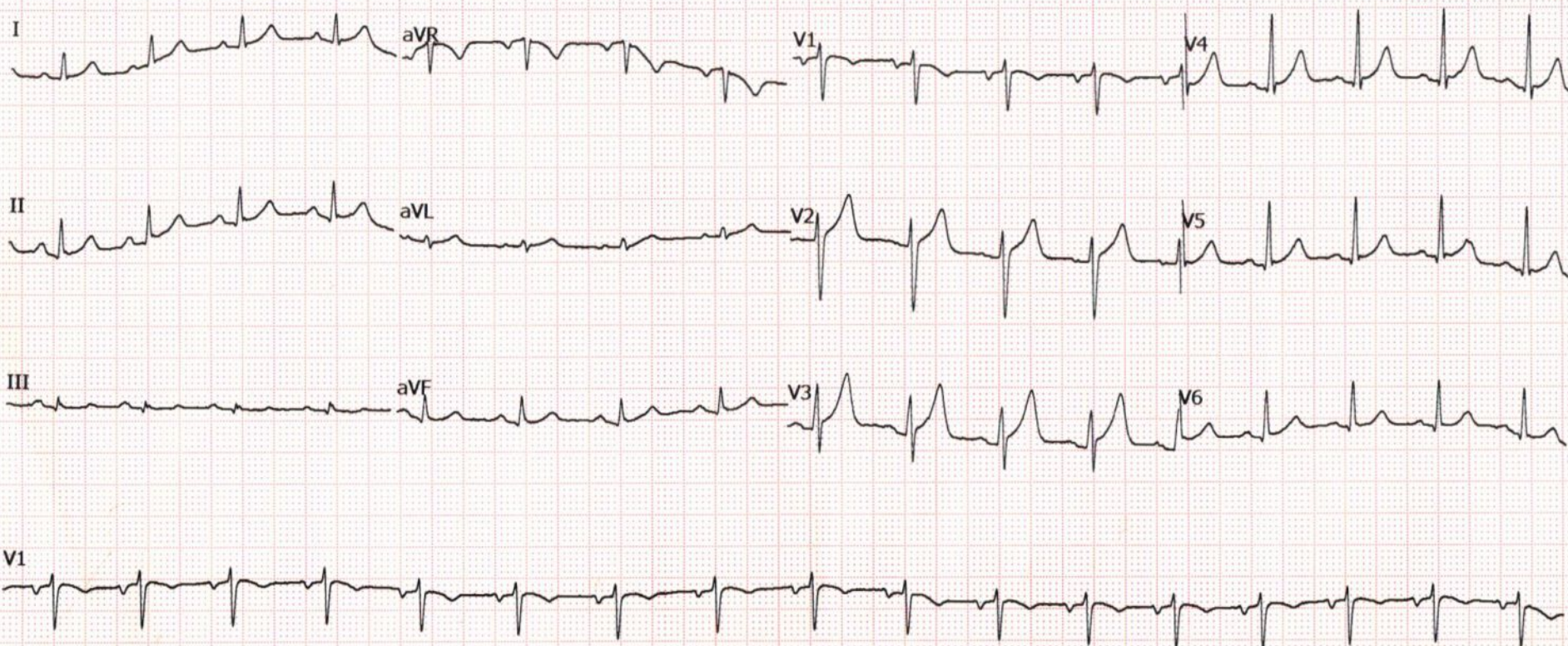

AMAR JYOTI HOSPITAL
Dr. Chandrashekar Kumar
M.B.B.S. MD (OPHTHALMOLOGY)
REG. No.- 41209

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 64 ms
QT / QTcBaz : 312 / 406 ms
PR : 136 ms
P : 86 ms
RR / PP : 586 / 588 ms
P / QRS / T : 60 / 48 / 39 degrees

Sinus tachycardia
Otherwise normal ECG



DR. SASHIBHUSHAN

M.D. Pathologist (BHU)

Reg. No. : 52268

MD. SHAHNAWAZ KHAN

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:- ROSHAN KUMAR SINGH

Date: 26/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

Haematological Test Report

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	13.5	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count	6.900	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil	: 70	%	40-70
Lymphocyte	: 27	%	20-40
Eosinophil	: 02	%	01-09
Monocyte	: 01	%	02-10
Basophil	: 00	%	00-05
<u>RBC Indices</u>			
R.B.C.Count	3.96	mil./cumm	3.9-5.6
Haematocrit (PCV)	38.2	%	36-47
MCV	96.5	fL	75-96
MCH	34.0	pg	27-32
MCHC	35.2	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count	1,45,000	/cumm	150000-400000
ESR	16.0	mm/1 st hr.	00-15

*** End of report***



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LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Bilirubin Total	1.2	mg/dl	up to 1.2
Conjugate	0.5	mg/dl	up to 0.4
Unconjuate	0.7	mg/dl	up to 0.8
SGPT	95.0	U/L	up to 40
SGOT	75.0	U/L	up to 38
Alkaline Phosphatase	185	U/L	37-167
S. Protein Total	6.1	gm%	6.0-8.0
Albumin	3.9	gm%	3.7-5.3
Globulin	2.2	gm%	1.5-3.5
A/G Ratio	1.7		1.0-2.0

End of report



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Patient Name:- ROSHAN KUMAR SINGH

Date: 26/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

Report on Blood Examination

<u>TES</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Blood Group Rh	'A' Positive		
HbA1c(HPLC)	5.25	%	5.7-6.4
Average Blood Glucose(ABG):	105	mg/Dl	90-120

End of report



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Sex M Age:38Y

LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S Triglyceride	115	mg%Dl	10-170
Total Cholesterol	170	mg%dL	130-200
H.D.L.Cholesterol	43	mg%dL	40-75
L.D.H.Cholesterol	127	mg%dL	80-120
TC/HDL Cholesterol	3.95	Ratio	3.0-5.0
LDL/HDL	2.95	Ratio	1.5-3.5
V.L.D.L Cholesterol	23	mg%dL	07-30

*** End of report***



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Date: 26/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Fasting Blood Sugar	102	mg/dl	70-110
2Hrs After Lunch (PP)	135	mg/dl	80-140

End of report



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Patient Name:- ROSHAN KUMAR SINGH

Date: 26/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
B. Urea	42.0	mg/dl	17-45
S. Creatinine	1.1	mg/dl	0.6-1.4
S. Uric Acid	6.2	mg/dl	2.5-7.0
S. Sodium	144	m mpl/L	135-155
S. Potassium	4.1	m mpl/L	3.5-5.5
S. Cholride	104	meq/L	97-109
S. Calcium	8.1	mg%	8.5-10.5

End of report



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Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

Report on Blood Examination

TEST	RESULT	UNIT	REFERENCE RANG
T3 Total	1.35	ng/mL	0.80-2.00
T4 Total	9.79	ng/mL	4.87-13.72
TSH	0.86	μU/mL	0.35-4.94

End of report



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Patient Name:- ROSHAN KUMAR SINGH

Date: 26/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex M Age:38Y

URINE REPORT

PHYSICAL EXAMINATION:

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.0

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:

EPITHELIAL CELL: 0-2/hpf

PUS CELL : 2-4/hpf

CASTS : Absent

BACTERIA : Absent

RBC : Absent

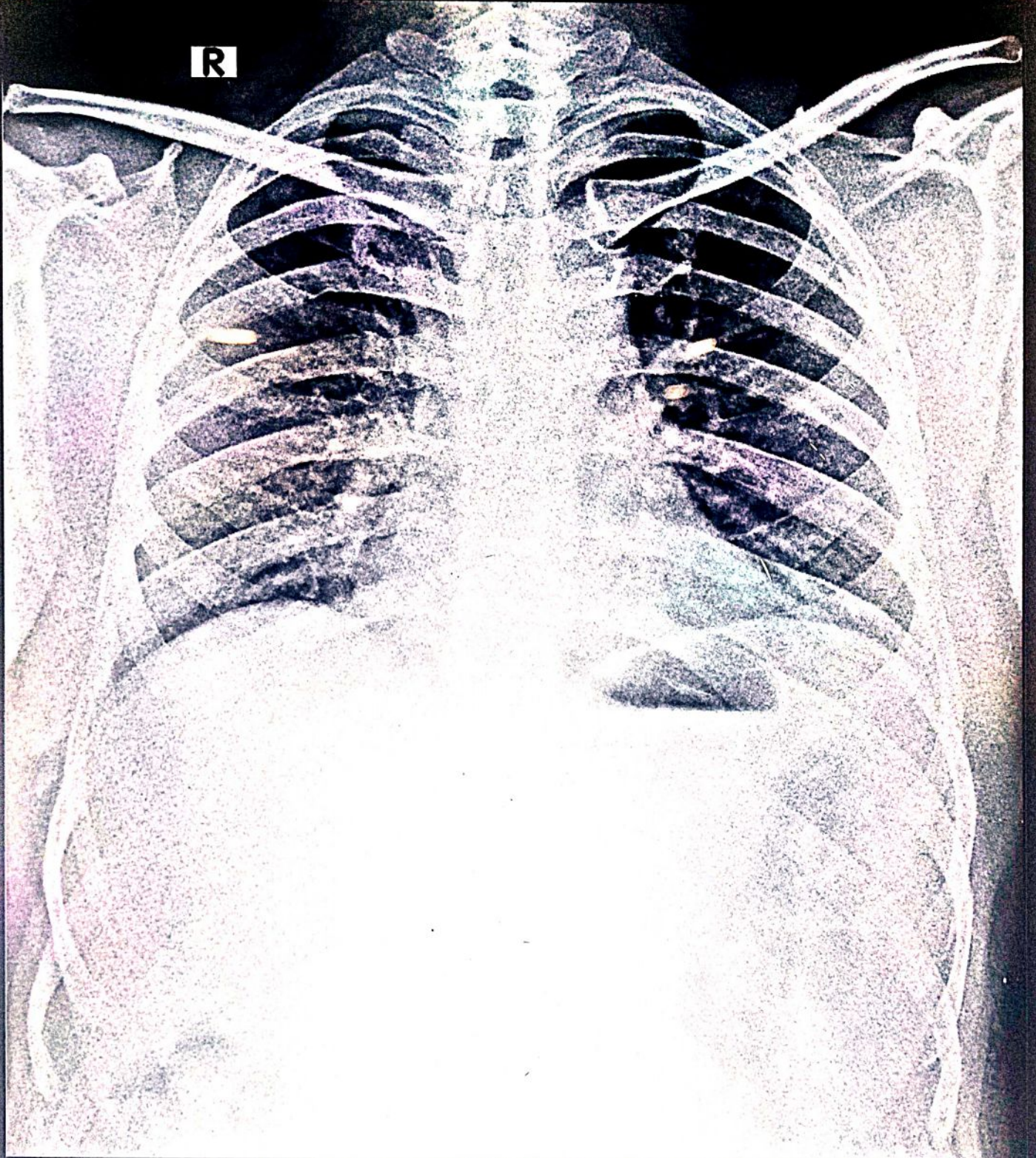
Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

*** End of report***





**RAUSHAN KUMAR 38Y DR AMAR JYOTI HOSPITAL 26.08.2023.A.02
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**