





: Mr.MURUGAN T

Age/Gender

: 48 Y 8 M 19 D/M

UHID/MR No

: CVEL.0000073287

Visit ID Ref Doctor : CVELOPV198645

: Dr.SELF

Emp/Auth/TPA ID

: ADHAAR NO 6039 8587 3065

Collected Received

: 10/Feb/2024 07:49AM

: 10/Feb/2024 02:50PM

Reported

: 10/Feb/2024 08:00PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 12

M.B.B.S, M.D(Pathology) Consultant Pathologist

SIN No:BED240032617

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |









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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.7	g/dL	13-17	Spectrophotometer
PCV	47.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.6	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	61.0	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6588	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3078	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	972	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	200000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
METHODOLOGY M'	.•.	-		+

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

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Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:BED240032617

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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: 10/Feb/2024 08:00PM

Status

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

WBC MORPHOLOGY

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PLATELETS

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IMPRESSION

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NOTE/ COMMENT

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Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Page 4 of 12

M.B.B.S,M.D(Pathology) Consultant Pathologist

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Patient Name : Mr.MURUGAN T Age/Gender : 48 Y 8 M 19 D/M

UHID/MR No : CVEL.0000073287 Visit ID : CVELOPV198645

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ADHAAR NO 6039 8587 3065

Collected : 10/Feb/2024 07:49AM Received : 10/Feb/2024 03:47PM

Reported : 10/Feb/2024 04:37PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	176	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	315	mg/dL	70-140	HEXOKINASE

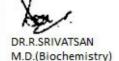
Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Page 5 of 12





SIN No:PLP1417072

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UHID/MR No Visit ID

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: 10/Feb/2024 02:53PM

Reported

: 10/Feb/2024 07:20PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	7.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	180	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %	
NON DIABETIC	<5.7	
PREDIABETES	5.7 – 6.4	
DIABETES	≥ 6.5	
DIABETICS		
EXCELLENT CONTROL	6 – 7	
FAIR TO GOOD CONTROL	7 – 8	
UNSATISFACTORY CONTROL	8 – 10	
POOR CONTROL	>10	

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic
- Control by American Diabetes Association guidelines 2023.

 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 12



DR.R.SRIVATSAN M.D.(Biochemistry)

SIN No:EDT240014200

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05







Age/Gender : 48 Y 8 M 19 D/M UHID/MR No : CVEL.0000073287

Visit ID : CVELOPV198645

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ADHAAR NO 6039 8587 3065

Collected : 10/Feb/2024 07:49AM

Received : 10/Feb/2024 01:45PM Reported : 10/Feb/2024 03:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.49		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- **5.** As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- **6.** VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 7 of 12



DR.R.SRIVATSAN M.D.(Biochemistry)

SIN No:SE04624196

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	2.96	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.44	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	2.52	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

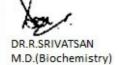
- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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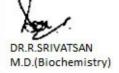
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.72	mg/dL	0.72 – 1.18	JAFFE METHOD			
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	4.00	mg/dL	3.5–7.2	Uricase PAP			
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	134	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	97	mmol/L	101–109	ISE (Indirect)			

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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	63.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 12





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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method		
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	11.29	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	2.146	μIU/mL	0.34-5.60	CLIA		

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 11 of 12



DR.R.SRIVATSAN M.D.(Biochemistry)

SIN No:SPL24021355

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05









: Mr.MURUGAN T

Age/Gender

: 48 Y 8 M 19 D/M

UHID/MR No

: CVEL.0000073287

Visit ID Ref Doctor : CVELOPV198645

Emp/Auth/TPA ID

: Dr.SELF

n/TPA ID : ADH.

: ADHAAR NO 6039 8587 3065

Collected Received : 10/Feb/2024 07:49AM

: 10/Feb/2024 03:16PM

Reported

: 10/Feb/2024 04:44PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method		
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION						
COLOUR	PALE YELLOW		PALE YELLOW	Visual		
TRANSPARENCY	CLEAR		CLEAR	Visual		
pH	5.5		5-7.5	DOUBLE INDICATOR		
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue		
BIOCHEMICAL EXAMINATION						
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR		
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE		
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION		
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE		
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION		
BLOOD	NEGATIVE		NEGATIVE	Peroxidase		
NITRITE	NEGATIVE		NEGATIVE	Diazotization		
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE		
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	•				
PUS CELLS	2-4	/hpf	0-5	Microscopy		
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY		
RBC	NIL	/hpf	0-2	MICROSCOPY		
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY		
CRYSTALS	ABSENT		ABSENT	MICROSCOPY		

*** End Of Report ***

Page 12 of 12

Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UR2278660

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05



Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 2/3/2024 1:41 PM

To:customercare@mediwheel.in < customercare@mediwheel.in >

Cc:Velachery Apolloclinic <velachery@apolloclinic.com>;Manojkumar Murali <manojkumar@apolloclinic.com>;Syamsunder

M <syamsunder.m@apollohl.com>



73287

Dear MURUGAN T,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VELACHERY clinic** on **2024-02-10** at **08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, 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.



இந்திய அரசாங்கம் Government of India

தி முருகன் T Murugan



பிறந்த நாள் / DOB: 22/05/1975

ஆண்பால் / Male

6039 8587 3065



எனது ஆதார், எனது அடையாளம்



Patient Name : Mr. MURUGAN T Age/Gender : 48 Y/M

UHID/MR No. :

: CVEL.0000073287

OP Visit No

: CVELOPV198645

Sample Collected on

Emp/Auth/TPA ID

: RAD2231153

Reported on Specimen

: 10-02-2024 16:22

Ref Doctor

LRN#

· SELE

Ref Doctor : SEL

: ADHAAR NO 6039 8587 3065

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

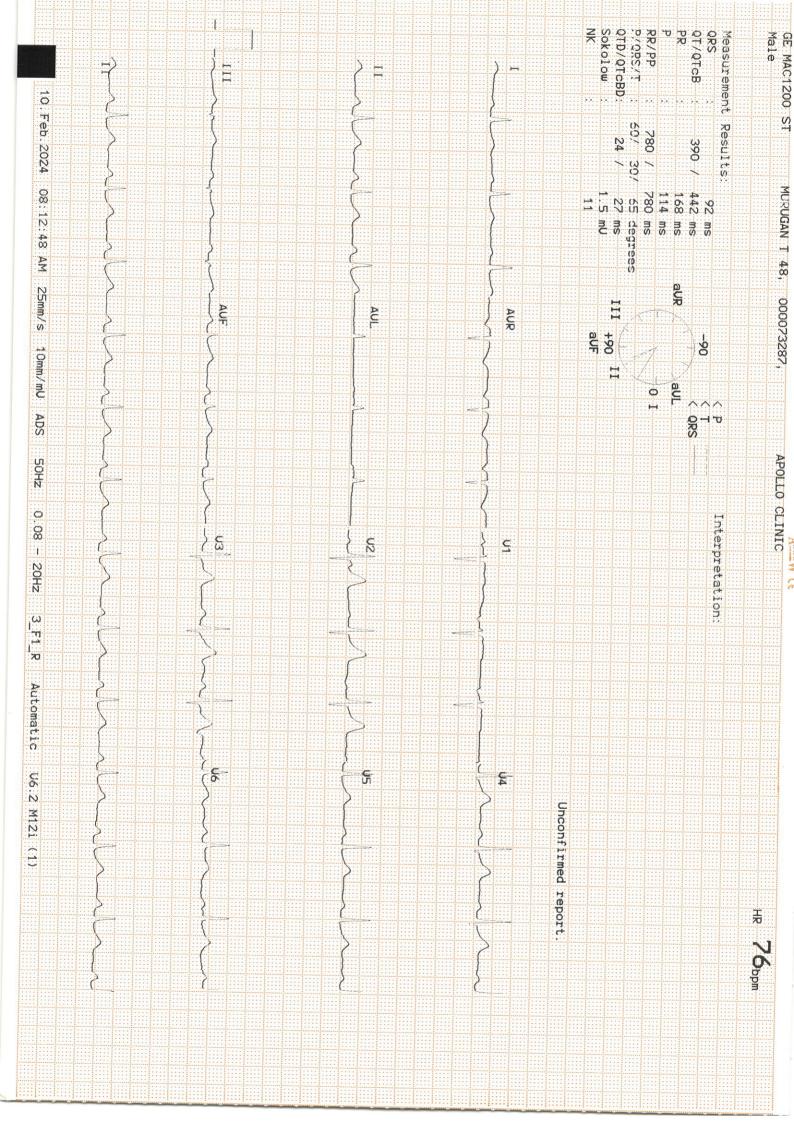
Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. PASUPULETI SANTOSH KUMAR M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology



OPTHALMOLOGY



Name MR. Murug	an =	Date 10/02/2024.					
Age AB Mg	1				UHID No. 073	287.	
Sex: Male Female					,		
	ОРНТ	HAL FIT	NESS CER	RTIFI	CATE		
DMX 6415 (Inco	1)		RE		LE	,	
DV-UCVA	:		5/60 St		5/60 84	Par	<6/9 6/172
DV-BCVA	:						16
NEAR VISION	:		NIO		N10.	Pan	No No
ANTERIOR SEGMENT	:		vi		,		n TNb
IOP	:						
FIELDS OF VISION	•				(\sim)		
EOM	:						
COLOUR VISION	:	Ne	unal		Normal		
FUNDUS	:		,				
IMPRESSION	:	BE	. Refractiv	væ	Errol.		
ADVICE	:				coming		orday/
		Thes	day.	18	Perio e	Sngar	Reports
			1			V	



CERTIFICATE OF MEDICAL FITNESS

Height: 167	Cm	Weight: 78 · kg	BMI:	BP: 130 / 20 mmHg
OPTHAL CHECK	: Righ	nt Eye : 6/6	Left Eye: 6/6	Colour vision : 🔿
This is t	o certify	that I have conducted the		
Of 12 11	urue	ran:1.	on 10:2	:24
After reviewing t			l examination it has been	
•	Medicall	y Fit Need	type Sym Carl Dotum	Co
•	Fit with r	restrictions/recommenda	tions	70 A
Though the job.	following	restrictions have been i	revealed, in my opinion, th	ese are not impediments to
1				
2				
	the emplicated to l		vice/medication that has been	
Review	after			
• Review a	Currently		recommen	ded
•	Unfit 🖊	· · ·	Dr.	
			Medical	
			Apollo cl	inic(Location)

This certificate is not meant for medico-legal purposes





Name: Mr. MURUGAN T Age/Gender: 48 Y/M Address: CHENNAI Location:

CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOEFMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVEL.0000073287 Visit ID: CVELOPV198645 Visit Date: 10-02-2024 07:39

Discharge Date:

Referred By: SELF Name: Mr. MURUGAN T

Age/Gender: 48 Y/M Address: CHENNAI

Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL

Rate Plan: VELACHERY_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. BENITA JAYACHANDRAN

Doctor's Signature

 MR No:
 CVEL.0000073287

 Visit ID:
 CVELOPV198645

 Visit Date:
 10-02-2024 07:39

Discharge Date:

Referred By: SELF

Established Patient: No

Vitals

Date	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
10-02-2024 14:34	-		18 Rate/min	98 F	167 cms	78 Kgs	%	%	Years	27.97	92 cms	103 cms	cms		AHLL03253

Established Patient: No

Vitals

Date	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
10-02-2024 14:34	-		18 Rate/min	98 F	167 cms	78 Kgs	%	%	Years	27.97	92 cms	103 cms	cms		AHLL03253