

R

ANIL RATHOD Male / 32 YRS

Chest PA

13/11/2021 01:36:45 PM

SHRI DASHABHUJA X-RAY CLINIC. PUNE. 020-25468187.



SHRI DASHABHUJA
X-RAY CLINIC

Digital X-Ray (CR System) Available
OPG Facility Available

GANGAVATARANA, Ground Floor, Plot
No. 7, S. No. 42 A/1A/2F, Dashbhujja
Ganesh Colony, Near Dashbhujja
Ganesh Temple, Next to Mankar Dosa
Center, Karve Road, Pune. 411038.
Clinic : 2546 8187, 8308839383
Res : 2422 1359, 9822041859

Dr. LALIT P. PATHAK

M. D. Radiologist
Reg. No. 52382

Timing : 9.00 a.m. To 1.30 p.m.
4.30 p.m. To 8.30 p.m.
SUNDAY CLOSED

NAME:MR ANIL RATHOD.

DATE:13 11 2021.

REF BY:DR VIVEK NADKARNI,

X RAY CHEST PA VIEW.

Both the domes of the diaphragm are clear & at normal position.
The heart, the aorta, the mediastinum & the pulmonary vasculature
reveal no abnormality.

Lungs show no acute or active parenchymal pathology.

Pleural sinuses are clear on both sides.

There is no evidence of any hilar or mediastinal lymphadenopathy.

No pathology is evident in the thoracic bony cage &
the soft tissues.

CONCLUSION:NORMAL X RAY CHEST PA VIEW.

Dr. Lalit P. Pathak
Reg. No. 52382 M.D. (Radiology)
Shri Dashbhujja X - Ray Clinic
Near Dashbhujja Ganesh Temple,
Karve Road, Pune - 411 038.

CBCT, OPG & PORTABLE X-RAY FACILITY AVAILABLE

(P.T.O)

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time 12:54 pm

Linked Median Report

WEIGHT : 84.00 Kg

HEIGHT : 171 Cm

PATIENT ID : 682/2021

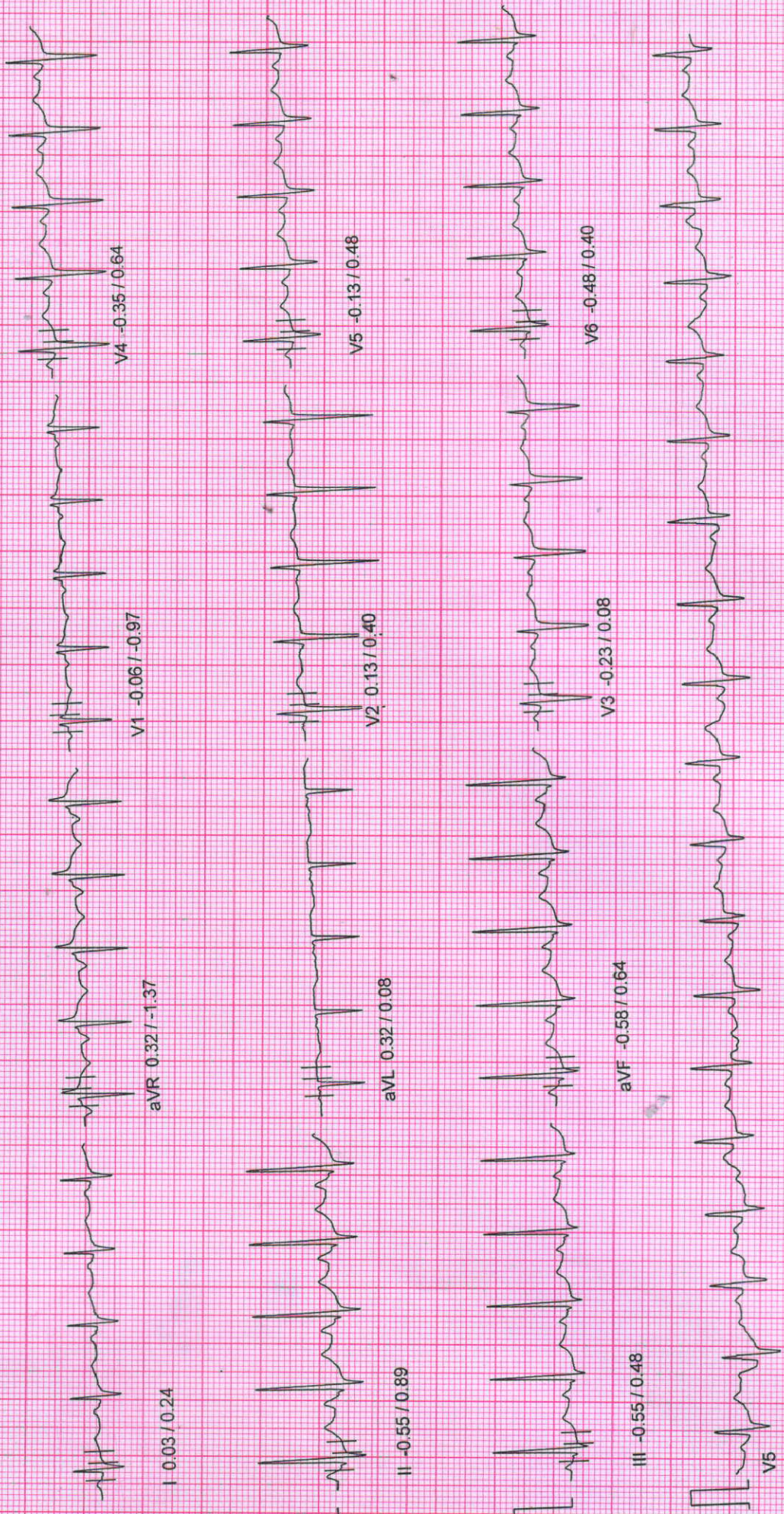
PATIENT NAME : Mr Anil Rathod 32/M

DOCOL : BRUCE

Recovery

ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07:02
STAGE DURATION : 06:00
HR : 114 bpm
QRS Lead : V5
SPEED : 0.0 kmph
GRADE : 0.0
BP : 140 / 100 mmHg
METs : 1.00



10mm/mv, 25mm/sec

100 HZ

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time 12:51 pm

Linked Median Report

WEIGHT : 84.00 Kg

HEIGHT : 171 Cm

PATIENT ID : 682/2021

PATIENT NAME : Mr Anil Rathod 32/M

PHYSICIAN : BRUCE

REASON : Recovery

ST Slope (mV/s) measured at 80 ms Post J

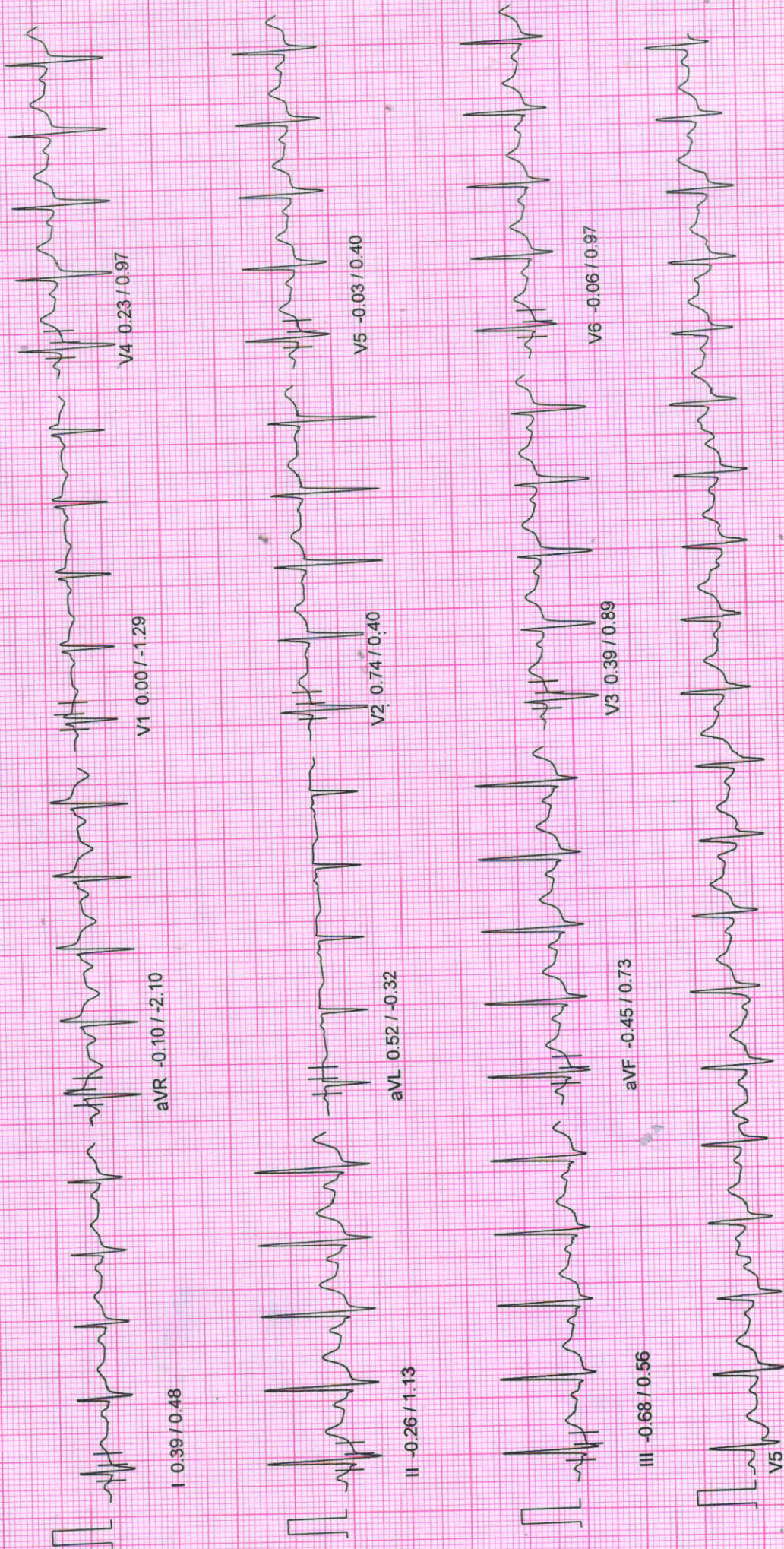
PHASE TIME : 07:02
STAGE DURATION : 03:00
HR : 116 bpm
QRS Lead : V5

SPEED: 0.0 kmph

GRADE: 0.0

BP : 140 / 100 mmHg

METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:49 pm

Linked Median Report

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE

STAGE : Recovery

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07:02

STAGE DURATION : 01:00

HR : 144 bpm

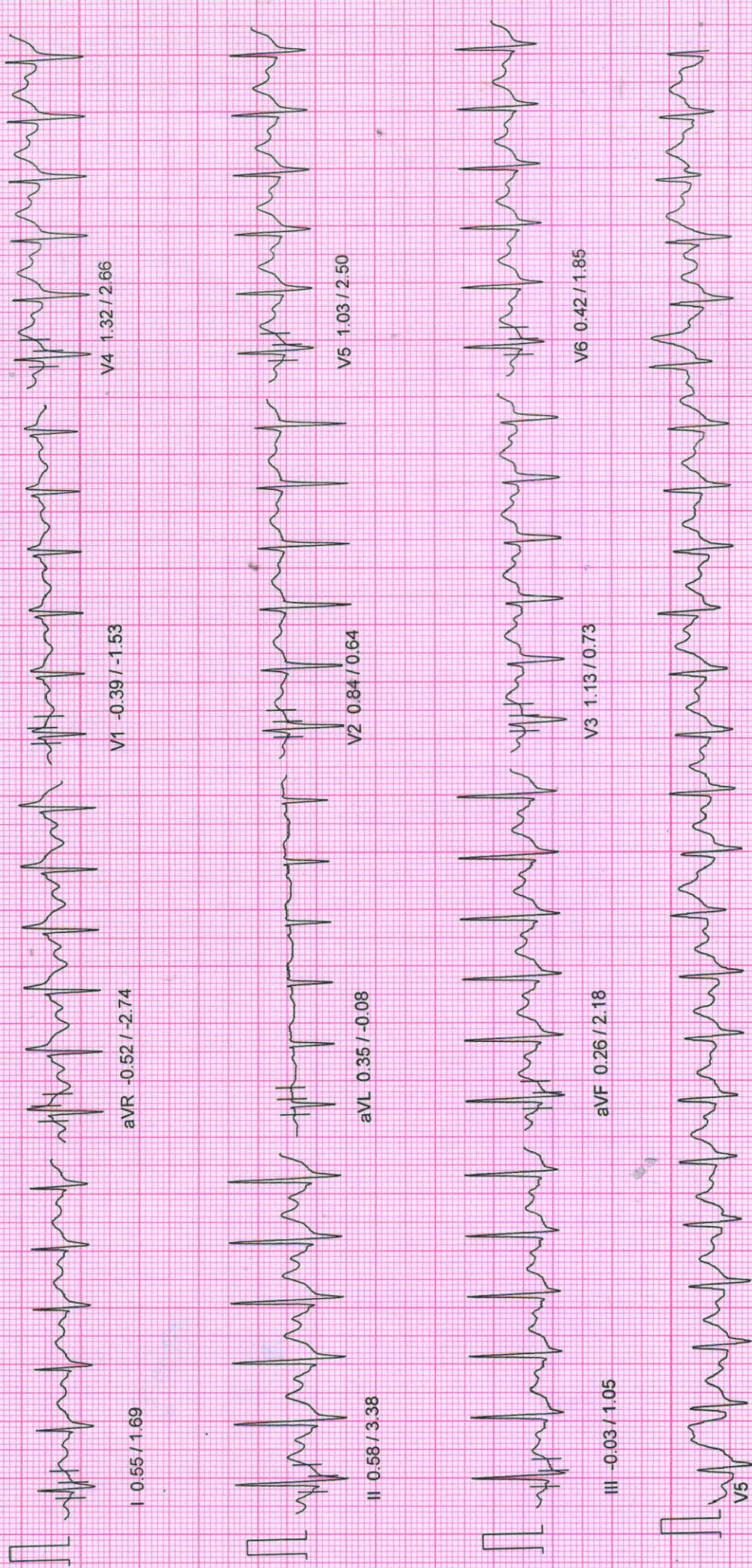
GRS Lead : V5

SPEED: 0.0 kmph

GRADE: 0.0

BP : 150 / 100 mmHg

METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time 12:48 pm

Linked Median Report

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

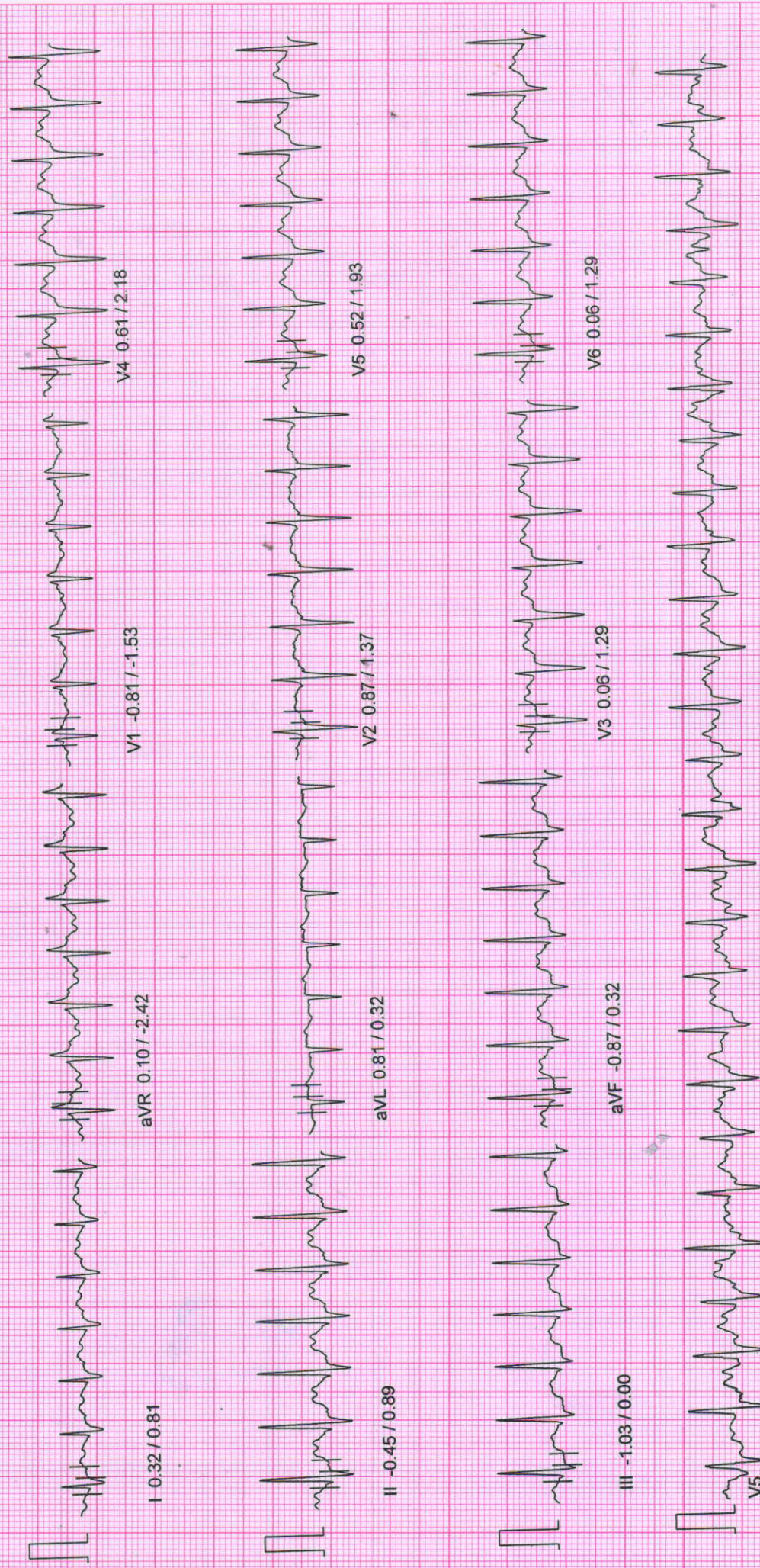
PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE

TEST : Peak Exercise

LEVELS (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07.02
STAGE DURATION : 01.02
HR : 159 bpm
QRS Lead : V5
SPEED: 5.5 kmph
GRADE: 14.0
BP : 160 / 100 mmHg
METs : 9.10



I 0.32 / 0.81

II -0.45 / 0.89

III -1.03 / 0.00

aVR 0.10 / -2.42

aVL 0.81 / 0.32

aVF -0.87 / 0.32

V1 -0.81 / -1.53

V2 0.87 / 1.37

V3 0.06 / 1.29

V4 0.61 / 2.18

V5 0.52 / 1.93

V6 0.06 / 1.29

10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:47 pm

Linked Median Report

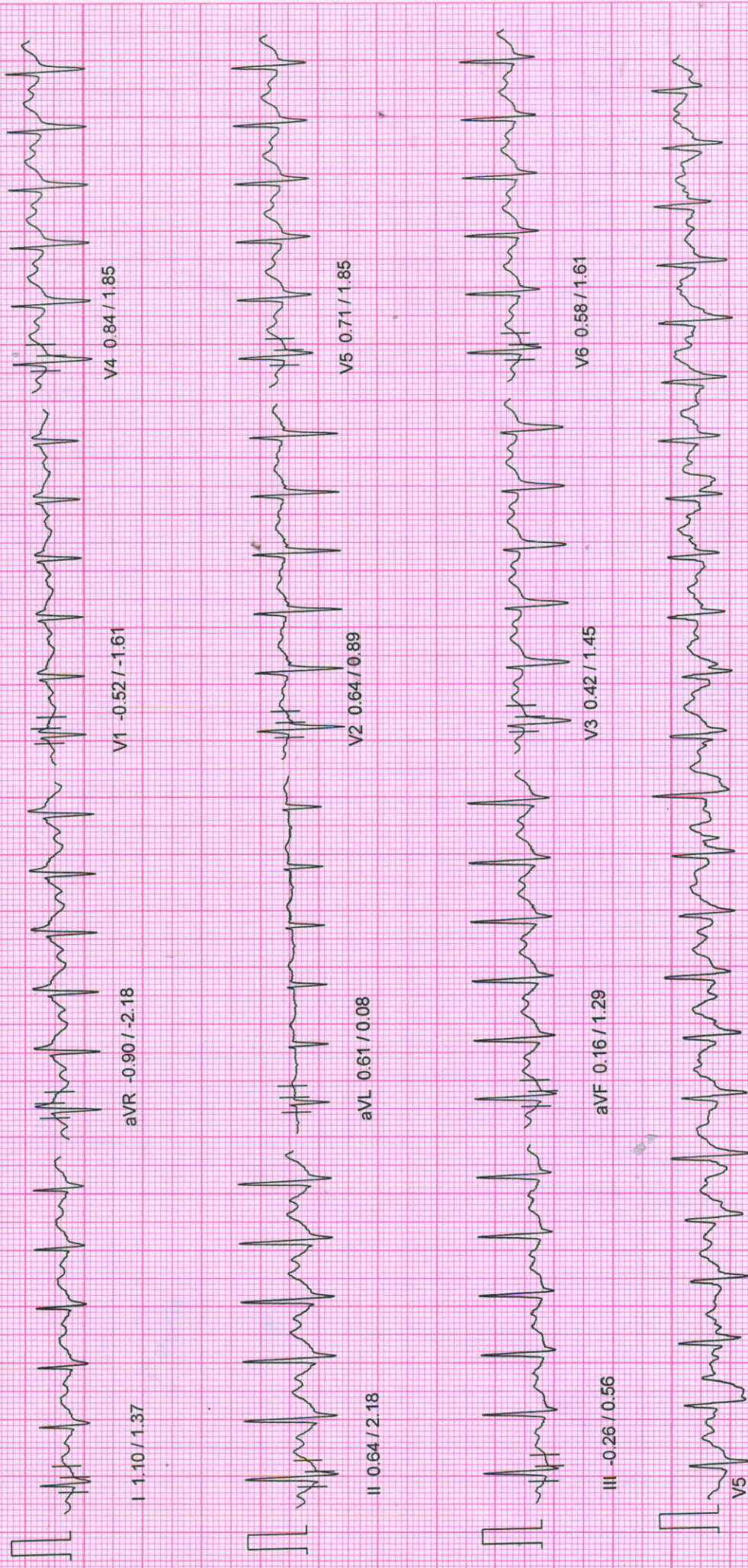
PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE
AGE : Exercise Stage 2

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:00 SPEED: 4.0 kmph
STAGE DURATION : 03:00 GRADE: 12.0
HR : 143 bpm BP : 150 / 100 mmHg
GRS Lead : V5 METs : 8.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:44 pm

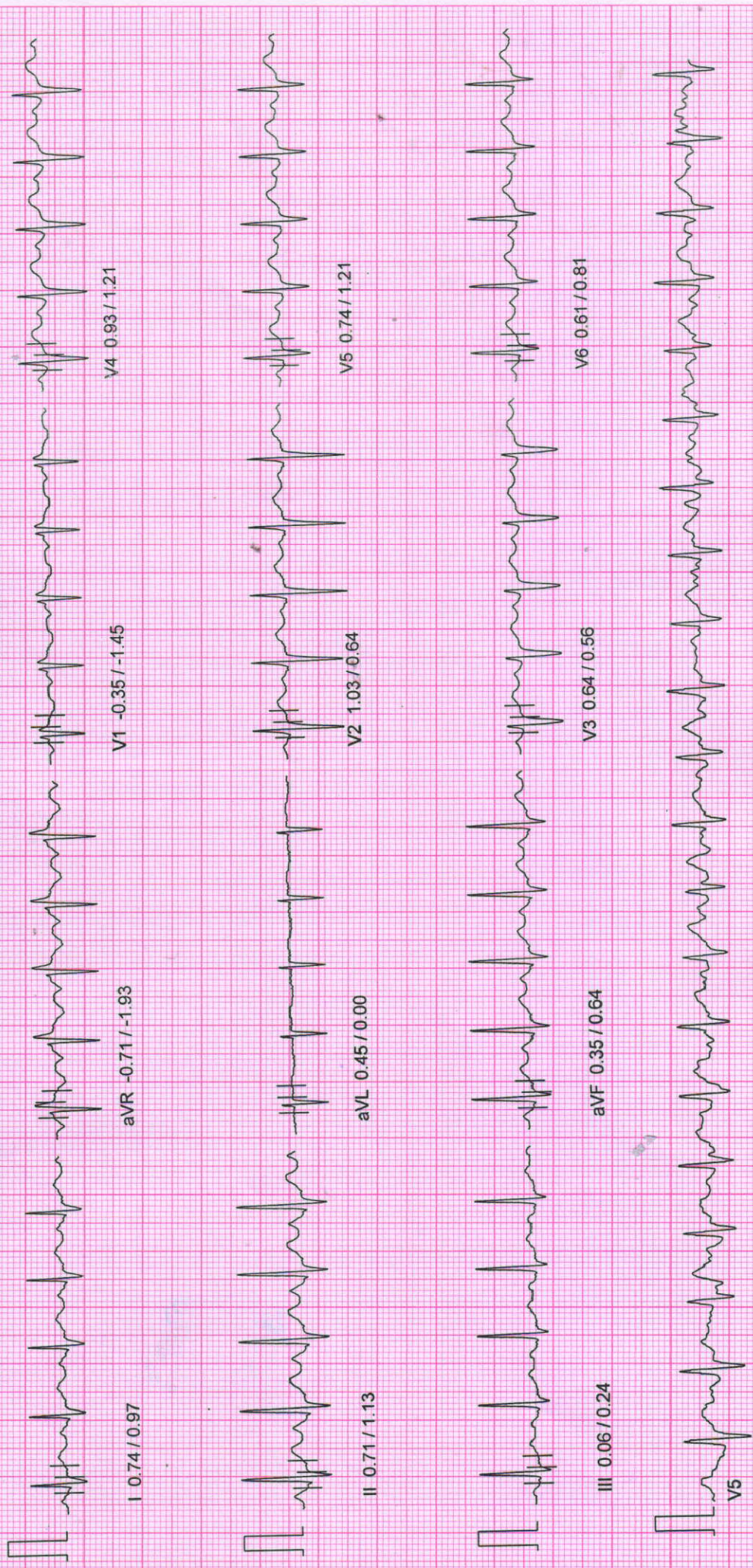
Linked Median Report

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE
STAGE : Exercise Stage 1
Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 03:00 SPEED: 2.7 kmph
STAGE DURATION : 03:00 GRADE: 10.0
HR : 123 bpm BP : 140 / 100 mmHg
GRS Lead : V5 METs : 5.70



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:41 pm
SPEED: 0.0 kmph

Linked Median Report

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

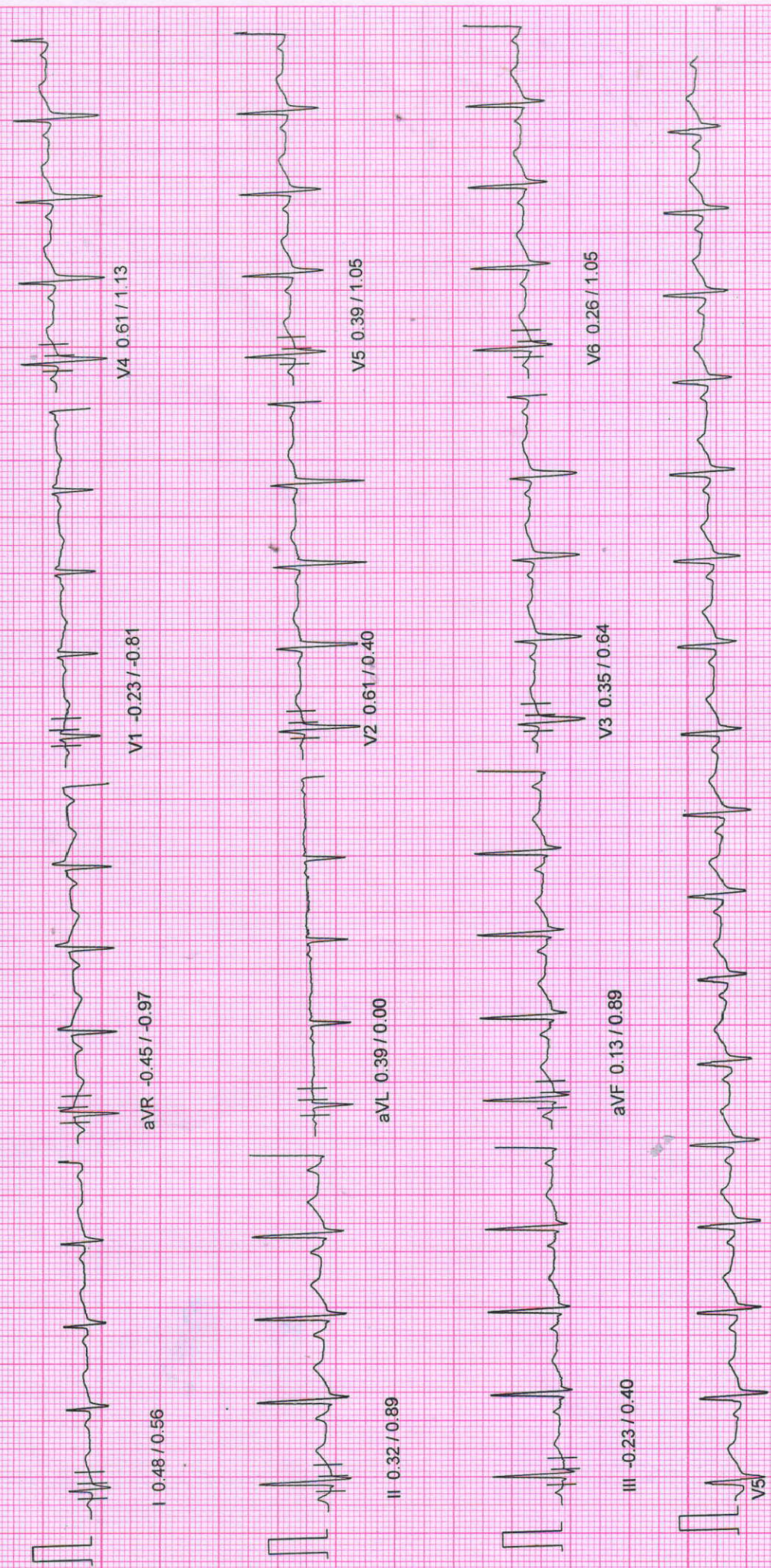
PATIENT NAME : Mr Anil Rathod 32/M

TOCOL : BRUCE

GE : Wait For Exercise

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:19
STAGE DURATION : 00:00
HR : 98 bpm
QRS Lead : V5
GRADE : 0.0
BP : 140 / 100 mmHg
METs : 3.40



10mm/mv, 25mm/sec

100 HZ

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

Linked Median Report

November 13, 2021 12:40 pm
Report time : 12:41 pm

PATIENT NAME : Mr Anil Rathod 32/M

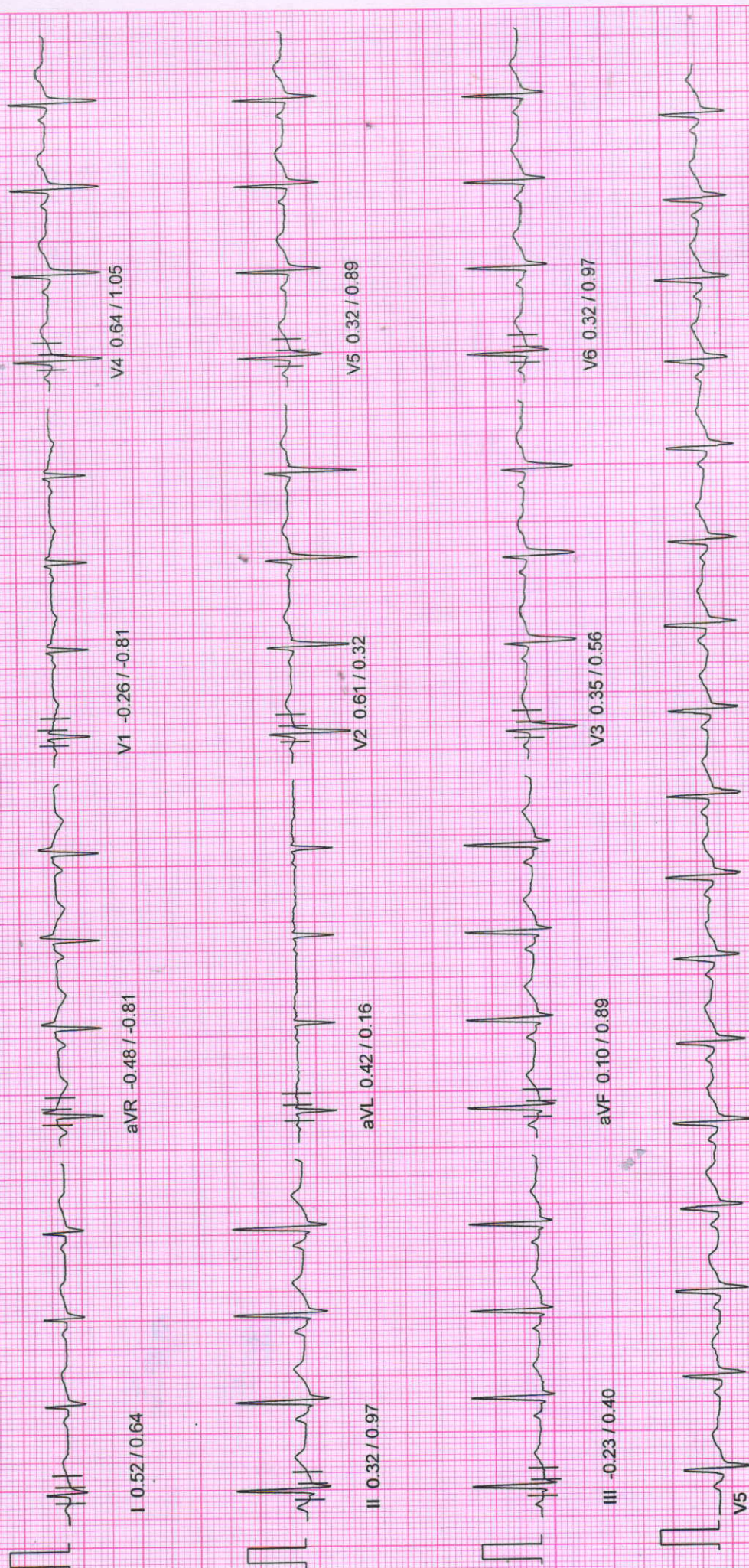
OTOCOL : BRUCE

AGE : HyperVentilation

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:05
STAGE DURATION : 00:00
HR : 97 bpm
QRS Lead : V5

SPEED: 0.0 kmph
GRADE: 0.0
BP : 140 / 100 mmHg
METs : 1.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

Linked Median Report

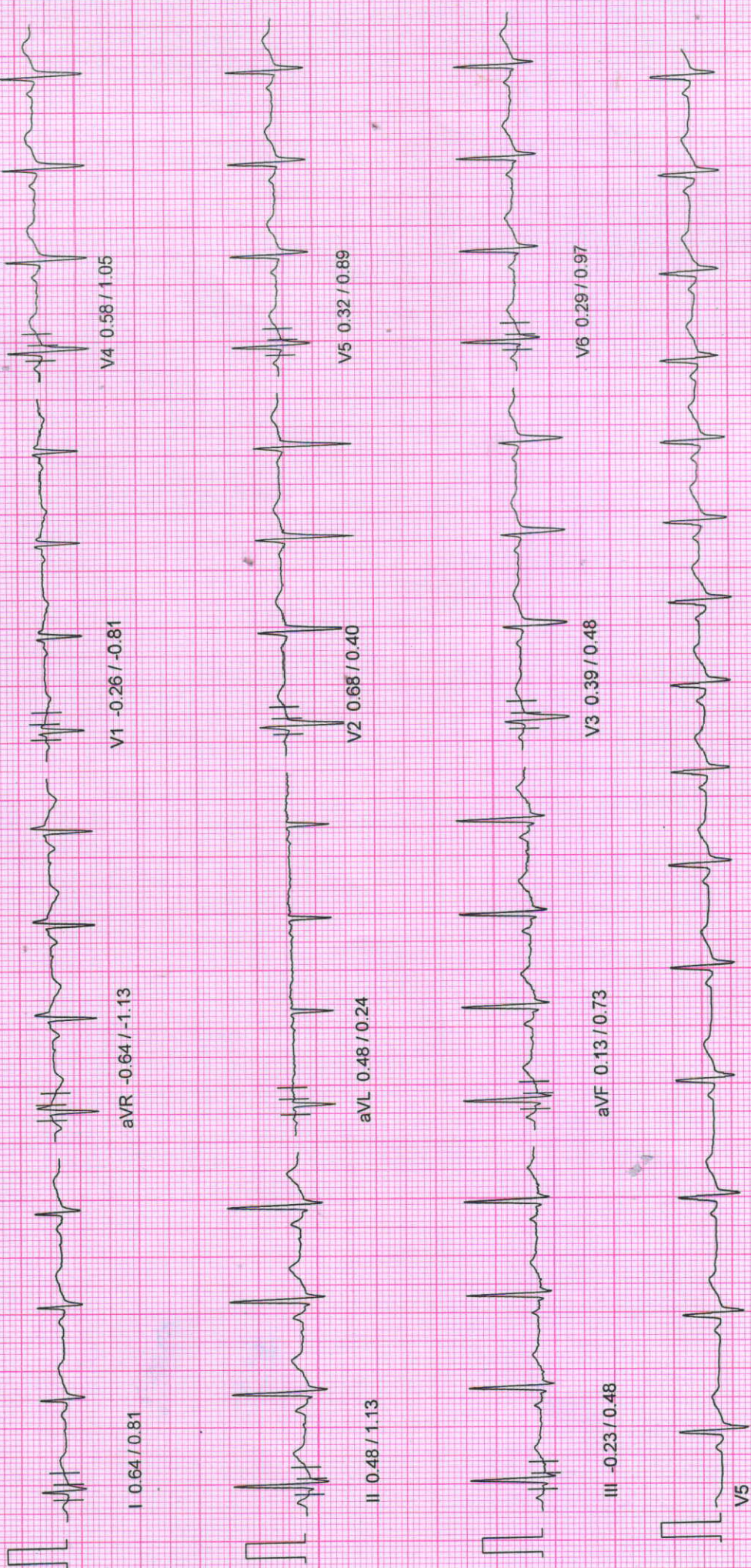
PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE
 TAG : Standing

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

November 13, 2021 12:40 pm
 Report time : 12:40 pm

PHASE TIME : 00:51
 STAGE DURATION : 00:00
 HR : 93 bpm
 QRS Lead : V5
 SPEED: 0.0 kmph
 GRADE: 0.0
 BP : 140 / 100 mmHg
 METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

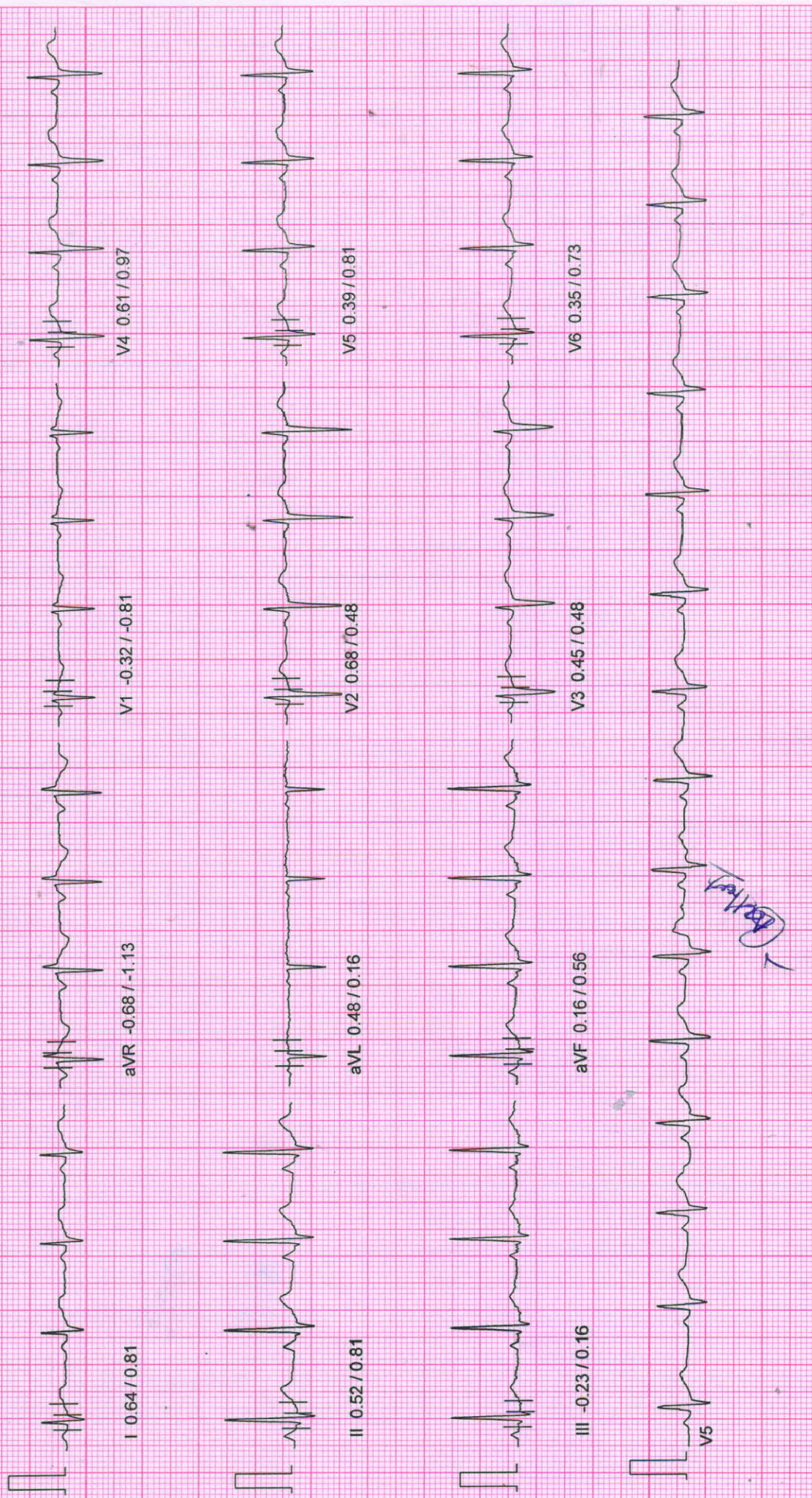
November 13, 2021 12:40 pm
Report time 12:40 pm

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg
PATIENT NAME : Mr Anil Rathod 32/M

Linked Median Report

PHASE TIME : 00:27 SPEED: 0.0 Km/h
STAGE DURATION : 00:00 GRADE: 0.0
HR : 92 bpm BP : 140 / 100 mmHg
QRS Lead : V5 METs : 1.00

PROTOCOL : BRUCE
AGE : Supine
Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:40 pm

Linked Median Report

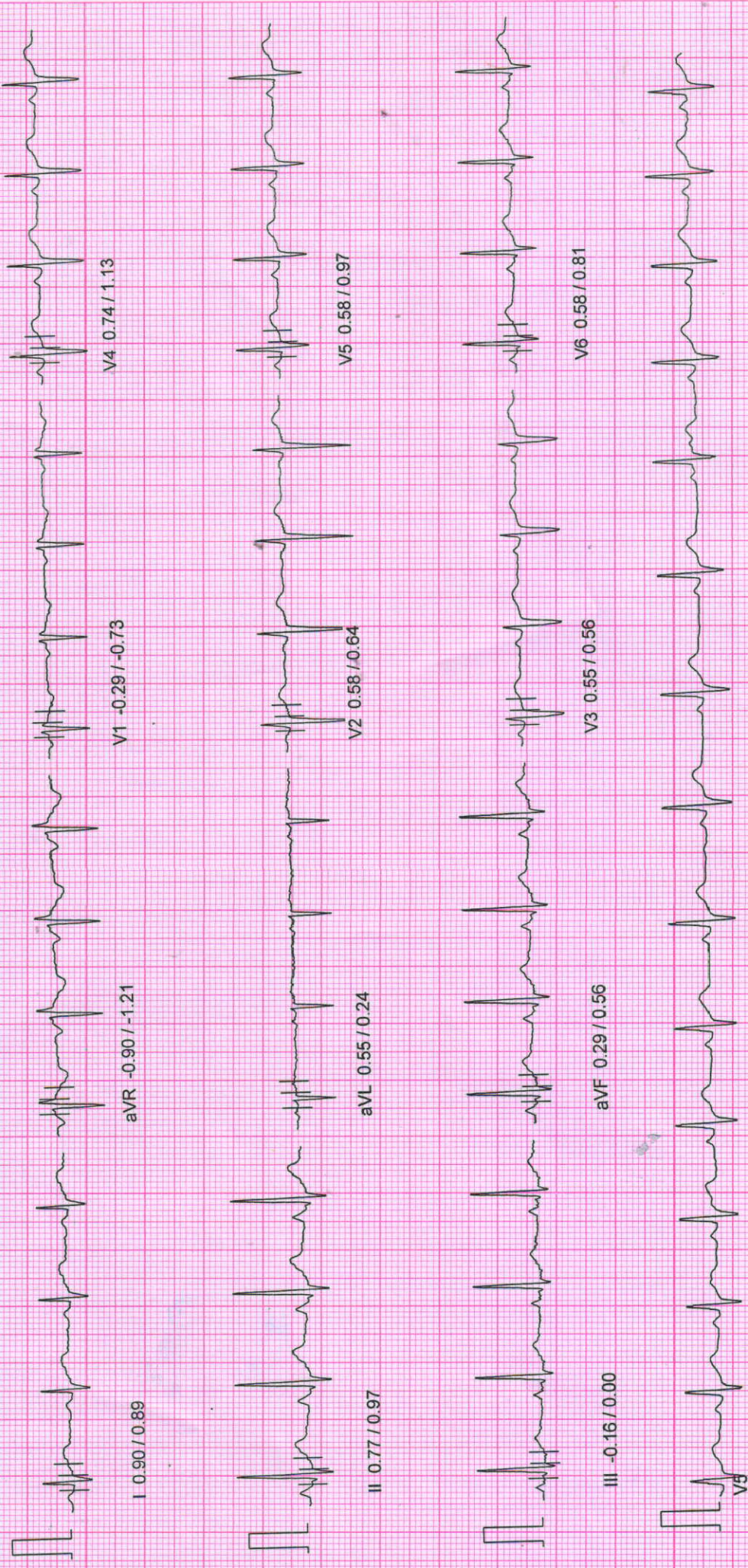
PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

PATIENT NAME : Mr Anil Rathod 32/M

PHYSICIAN : BRUCE
AGE : Pre-Test

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 00:13 SPEED: 0.0 kmph
STAGE DURATION : 00:00 GRADE: 0.0
HR : 99 bpm BP : 140 / 100 mmHg
QRS Lead : V5 METs : 1.00



10mm/mv, 25mm/sec

100 HZ

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 12:40 pm
Report time : 12:40 pm

ST Tables

PATIENT ID : 682/2021 HEIGHT : 171 Cm WEIGHT : 84.00 Kg

PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE

ST LEVELS

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	1.0	0.9	-0.2	-1.0	0.6	0.3	-0.3	0.6	0.5	0.8	0.6	0.6
Supine	0.7	0.7	-0.2	-0.8	0.5	0.3	-0.3	0.6	0.6	0.8	0.6	0.5
Standing	0.6	0.4	-0.3	-0.6	0.5	0.1	-0.3	0.7	0.4	0.6	0.3	0.3
HyperVentilation	0.5	0.4	-0.2	-0.5	0.4	0.1	-0.3	0.6	0.4	0.6	0.3	0.3
Wait For Exercise	0.5	0.3	-0.2	-0.4	0.4	0.1	-0.3	0.6	0.4	0.6	0.3	0.3
Exercise Stage 1	0.7	0.5	-0.2	-0.6	0.5	0.1	-0.3	0.9	0.6	0.9	0.6	0.5
Exercise Stage 2	0.8	0.6	-0.1	-0.8	0.4	0.3	-0.8	0.8	0.2	0.7	0.8	0.3
Peak Exercise	0.2	-0.8	-1.3	0.4	0.8	-1.2	-0.6	0.7	-0.3	0.4	0.2	0.0
Recovery 1	0.5	0.6	-0.0	-0.5	0.4	0.3	-0.4	0.8	1.2	1.3	1.0	0.4
Recovery 3	0.4	-0.3	-0.7	-0.1	0.5	-0.5	0.0	0.7	0.4	0.2	0.0	-0.1
Recovery 6	0.0	-0.5	-0.5	0.3	0.4	-0.5	-0.1	0.1	-0.2	-0.4	-0.2	-0.5

ST SLOPES

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.8	0.7	-0.2	-1.2	0.2	0.4	-0.7	0.8	0.6	1.0	1.0	0.7
Supine	0.8	0.7	-0.1	-1.2	0.2	0.2	-0.6	0.6	0.7	1.0	0.6	0.8
Standing	0.8	1.0	0.4	-1.1	0.2	0.7	-0.8	0.4	0.5	1.0	0.9	1.0
HyperVentilation	0.6	1.0	0.4	-0.8	0.2	0.9	-0.8	0.3	0.6	1.0	0.9	1.0
Wait For Exercise	0.6	0.9	0.4	-0.9	0.2	0.9	-0.8	0.3	0.6	1.0	0.9	1.0
Exercise Stage 1	1.0	1.0	0.1	-1.9	-0.1	0.4	-1.4	0.6	0.6	1.4	1.1	0.8
Exercise Stage 2	1.5	1.5	-0.2	-2.4	0.0	0.7	-1.5	0.9	1.6	1.9	1.8	1.5
Peak Exercise	0.3	0.5	0.1	-2.7	0.2	-0.2	-2.0	1.3	0.3	2.1	1.5	1.3
Recovery 1	1.7	3.4	1.1	-2.8	0.0	2.2	-1.5	0.6	0.7	2.7	2.4	1.9
Recovery 3	0.5	1.1	0.6	-2.1	-0.3	0.7	-1.3	0.4	0.9	1.0	0.4	1.0
Recovery 6	0.2	0.9	0.3	-1.4	0.2	0.5	-1.0	0.4	0.2	0.6	0.6	0.4

NADKARNI PATHOLOGY LABORATORY

Indraprastha chamber, ground floor, karve road, PUNE-411038

Report time : 12:40 pm
November 13, 2021 12:40 pm

Summary Report

PATIENT ID : 682/2021
PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE
PATIENT HEIGHT : 171 Cm
PATIENT WEIGHT : 84.00 Kg
PATIENT ADD. : pune

Ref. By : Not Applicable Quantum CorpHealth.
(Not Applicable)

Stage	StageSpeed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.P. X 1000	METS	ST Level I	Stage Comments
Pre-Test	00:13 0.00 / 0.00	99	0 / 0	0	1.00	1.00	
Supine	00:13 0.00 / 0.00	92	140 / 100	12	1.00	0.71	
Standing	00:24 0.00 / 0.00	93	140 / 100	13	1.00	0.64	
HyperVentilation	00:13 0.00 / 0.00	97	140 / 100	13	1.00	0.52	
Wait For Exercise	00:13 0.00 / 0.00	98	140 / 100	13	1.00	0.48	
Exercise Stage 1	03:00 2.70 / 10.00	123	140 / 100	17	5.70	0.68	
Exercise Stage 2	03:00 4.00 / 12.00	143	150 / 100	21	8.00	0.81	
Peak Exercise	01:02 5.50 / 14.00	159	160 / 100	25	9.10	0.19	
Recovery 1	01:00 0.00 / 0.00	144	150 / 100	21	1.00	0.55	
Recovery 3	03:00 0.00 / 0.00	116	140 / 100	16	1.00	0.39	
Recovery 6	06:00 0.00 / 0.00	114	140 / 100	15	1.00	0.03	

MAX HR : 163 bpm (86.70 % of 188 bpm)
MAX BP : 160 / 100 mmHg
DOUBLE PRODUCT : 26080.00
DISTANCE COVERED : 0.43 Km

TOTAL EXER TIME : 7 : 2 min
MAX WORKLOAD : 9.10

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Gen.), F.C.C.P., M.N.A.S.H.
MMC Reg. No. 42322

J. Nadkarni

Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, New Road,
Pune-411 038.

Dr. VIVEKANAND M. NADKARNI
M.B.B.S., D.T.M. & H.

NADKARNI PATHOLOGY LABORATORY
 indraprastha chember, ground floor, karve road, PUNE-411038

Report time : 12:40 pm
 November 13, 2021 12:40 pm

Summary Report

PATIENT ID : 682/2021
 PATIENT NAME : Mr Anil Rathod 32/M

PROTOCOL : BRUCE
 PATIENT HEIGHT : 171 Cm
 PATIENT WEIGHT : 84.00 Kg
 PATIENT ADD. : pune

Ref. By : Not Applicable
 (Not Applicable)

MediWhee

OBJECT OF TEST :
 RISK FACTOR :
 ACTIVITY :
 EDUCATION :
 BRIEF HISTORY :
 OTHER INVESTIGATION :
 REASON FOR TERMINATION :
 EXERCISE TOLERANCE :
 EXERCISE INDUCED ARRHYTHMIA :
 AEMO RESPONSE :
 CHRONO RESPONSE :
 FINAL IMPRESSION :

: Routine check up
 : Male
 : Sedentary
 : none
 : job profile
 :
 : Max HR
 : Good
 : No
 : Normal
 : Normal
 : Stress test is negative for exercise induced Ischaemic heart disease.
 Good Effort tolerance
 No Arrhythmias seen during test period.
 Normal Hemodynamic and Chronotropic responses.

Dr. Vivekanand M. Nadkarni
 M.B.S., D.T.M. & H. (General), 1988
 MMS Reg. No. 42322
 Physician
 Health Care Clinic
 Varun Complex, Kulkarni Marg, Kothrud
 Pune-411 038

Vivekanand M. Nadkarni

Dr. VIVEKANAND M. NADKARNI
 M.B.B.S., D.T.M.& H.

CLINICAL HISTORY

RATE: 82/min

RHYTHM: regular

MECHANISM: Sinus

P WAVE: 82/min

P R: 0.12 sec

QRS: Normal time of deflection

QTc: 0.41 sec

CONCLUSIONS: Normal ECG

ST: isoelectric

T WAVE: Normal upright

Q WAVE: No abnormal wave

AXIS: +60 degrees

POSITION OF HEART: Semivertical

PRECARDIAL LEADS: Normal R Progression

B.P.: 140/100 mmHg

DRUGS:

[Handwritten Signature]

Client's Signature

[Handwritten Signature]

Doctor's Signature

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Lon.), F.C.P., MCH
MMC Reg. No. 42322
Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, Kothrud,
Pune-411 038.

aVF

aVL

aVR

III

II

I

7Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

UNI-EM V03.3.11(20180817)

Healthcare Clinic

7Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv ID:

Name: RATHOD, ANIL

0.67Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv ID:

Name: RATHOD, ANIL

aVF

UNI-EM V03.3.11(20180817)

Healthcare Clinic

UNI-EM V03.3.11(20180817)

ID:

Name: RATHOD, ANIL

Age: 32yrs

Sex: Male

13-11-2021 10:33:50 AM

► **Health Care Clinic**
Varun Complex, Office No. 1,
Near Swapnashilp Complex, Kothrud, Pune 411038.
Timing : 10.30 a.m. to 1.00 p.m.
4.30 pm to 6 pm (By Appt.)
Tel : 65003646, 2545 7347

► **Health Care Clinic**
7/1, Anand Nagar, Paud Road,
Kothrud, Pune 411038.
Timing : 9 a.m. to 10.30 a.m. & 6.00 p.m. to 8.30 p.m.
Tel. : 65003650 Mob.: 9970171939
E-mail : nadviv@yahoo.com

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon), FCGP, MIOSH (U.K.)

MMC Reg. No. 42322

Physician

- Family Medicine
- Tropical Medicine
- Occupational Health
- ACLS Instructor

DATE 13/11/21

ELECTROCARDIOGRAM

NAME Mr. Anil R. Rathod AGE 32 years

REF. BY Medi wheel B.P. 140/100mmHg



भारत सरकार
GOVERNMENT OF INDIA



अनिल रामदास राठोड
Anil Ramdas Rathod
जन्म तारीख/DOB: 13/08/1989
पुरुष/ MALE



9857 2080 3266

माझे आधार, माझी ओळख

Dr. Vivekanand M. Nadkarni

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Lon.), F.C.P., M.D.S.H
MMC Reg No. 42322
Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, Kothrud,
Pune-411 038.

Rathod



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
प्लॉट नो. ३०-५५, जटवाडा रोड, राधास्वामी
कॉलनी हर्सूल, सत्संग हाल जवळ, औरंगाबाद,
औरंगाबाद,
महाराष्ट्र - 431001

Address :
plot no. 30-55, jatwada road, radhaswami
colony harsul, near satsang hall, Aurangabad,
Aurangabad,
Maharashtra - 431001



Generation Date: 29/10/2012

9857 2080 3266



1947



help@uidai.gov.in



www.uidai.gov.in

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

Feedback – Pre Policy Life Insurance Medical Checks

HEALTH CARE CLINIC
NADKARNI LABORATORY
 Karve Road
 Varun Complex, Pune-411008

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at _____ / Home Visit on DD/MM/YYYY to complete the requisite medical formalities towards my application for life insurance from _____ Insurance Company vide Proposal Form bearing no. _____ dated _____ 13/11/2024

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

5. Others USG

I have furnished my ID Proof Aaharara 985720803266 bearing ID No. _____ at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Upkeep of hospital

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- If No please provide details or let us know of anything additional you would like to provide as comments and / or suggestions

Signature of the Life to be Insured (Proposer in case of Life insured being minor) <u>Anil Rathod</u> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)	Signature of Visiting/Attending Doctor <u>Dr. Vivekanand M. Nadkarni</u> Name of Visiting/Attending Doctor Dr. Vivekanand M. Nadkarni MBBS, D.M. & H. (Lon.), FCO, MIOSH MC Registration No. _____ MMC Reg.No.42322 Physician Health Care Clinic
--	--

Varun Complex, Kulkarni Marg, Kothrud, Pune-411008.

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. RATHOD ANIL RAMDAS
EC NO.	105559
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	INDAPUR
BIRTHDATE	13-08-1989
PROPOSED DATE OF HEALTH CHECKUP	13-11-2021
BOOKING REFERENCE NO.	21D105559100006344E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **09-11-2021** till **31-03-2022** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

1. Height	2. Weight	3. Build		4. Pulse	5. Blood Pressure
Cms	Kg	Normal	<input checked="" type="checkbox"/>	80/	140/100
171 cm	83.5 kg	Under weight		min	mm Hg
		Over weight			

6. Visual Acuity Whether he/she falls in the category of visually impaired

Eye	Near Vision	Far Vision	Color Vision	Dental / Oral Hygiene
Right	Normal	Normal	Normal	Normal
Left	Normal	Normal	Normal	

7. General examination findings Including Skin:

Clinically Normal

8. Complete Blood Picture:

9. Urine Examination:

10. Diabetes Profile (if in Package):

11. Lipid / Kidney / Liver Profile (if in Package):

12. Respiratory Tract (Chest X Ray/PFT):

13. Cardiac Risk Profile (ECG/TMT/2D ECHO):

14. Incase of Females :

Last menstrual cycle date

Any evidence of pregnancy

Yes (if yes then duration)

No

FITNESS

Fit

Recommendations (If Any)

Test

When to DO

Reason

Advice / Medicine

Unfit with recommendation

Test

When to DO

Reasons

Advice / Medicine

Place

Date

Pune
12/11/21

Physician's Name, Qualification & Signature (With Stamp)

Dr. Vivekanand M. Nair

Dr. Vivekanand M. Nair

M.B.B.S., D.T.M. & H. (Lon.), F.C.P. OSH

MMC Reg. No. 42322


Physician

Health Care Clinic

Varun Complex, Kulkarni Marg, Kothrud

Pune-411 038.

Health care clinic

Declaration Form			
Name	Anil Ramdas Rathod		
Date of Birth	13/8/1989	Gender	Male
Marital status	Single / Married	Contact No	9545202673
1. Are you suffering from any active disease or any abnormal health condition, infectious/communicable disease, Heart disease, Diabetes, High blood pressure, Cancer, any other chronic disease/disorder, genetic disease or disorder?	Hypertension - 5-6 yrs. Taking medicines irregularly.		
2. In past did you had any major illness /disease, abnormal health condition, surgery, accident, fracture, long term treatment/medication/hospitalization for any illness, Tuberculosis, Cancer, Cerebral vascular disease/disorder?	Covid-19 - May 21, Then ^{3 days} hospital, home quarantined. Hospitalised - Grade Hospital (Indapur) (3 days), on antibiotic, Anti pyretic & Multin. (No Remdinvir)		
3. Do you have any known allergic condition like-Drug allergy, Chronic skin allergy, respiratory allergy (e.g.-Asthma etc), Allergy with any chemicals, Dust, pollens etc.	NO		
4. Do you have any physical disability/deficiency/deformity in body? (by birth or due to any disease/accidental injury)	NO		
5. Do you have any mental health issues at present- like Anxiety, Depression, Psychosis, Sezophrenia etc.? Have you been ever treated for any mental illness/disorder, nervous disorder and other conditions as mentioned above in past.	NO		
6. Do you have any family history of (Parents, Siblings/grandparents) -Heart disease, Brain stroke, Diabetes, High Blood pressure, Cancer, any genetic disease or disorder?	Mother - HT - 56 yrs - On medicine.		
7. Do you have any family history of any mental illness/disorders as mentioned in S.N.-5.	NO		
8. Mention any other abnormal health condition/disease/disorder you had in past or present which is not mentioned in above questions.	NO		
9. Have you ever had any Surgery /operation or been advised for surgery?	NO		
10. Have you ever been hospitalized?	For covid 19 - 3 days - 2021-May.		
11. Do you have to get up more than once a night to pass urine?	NO		
12. Have you been treated for kidney disease or kidney stone in the past?	NO		
13. Are you currently taking any medication for any health issues or has been advised for taking any long term medication in past.	Taking blood pressure medicine irregularly.		
14. Have you ever coughed up blood?	NO.		
15. FOR MEN ONLY - Have you ever been treated for prostate gland trouble?	NO.		
16. FOR WOMEN ONLY - Have you noticed any bleeding between menstrual periods?	NA		
17. Are/were your periods irregular?	NA.		
18. Are you pregnant now?	NA.		
19. Have you had your change of life (menopause)? if so have you had any discharge or bleeding since your periods stopped?	NA		
20. Are you taking birth control pills?	NA.		
21. Any history of epileptic seizure/ Vertigo /fear of height. If yes then the date of last seizure/episode	NO.		
22. Do you have a lump in your breast?	NA.		
23. Are you medically insured?	Yes - Medibuddy insurance.		
If Answer to any of the above is "Yes", please furnish the details			
Declaration : 1. I the undersigned accept that all the information provided by me is true and the medical center or the company is not liable medicolegally for the same. 2. I agree to get my blood test done for HIV/ HBsAg antibodies. 3. I understand that my results/reports will be shared with the concerned HR. I the undersigned give my consent for the same.			
Signature of Candidate			



SINCE 1994

NADKARNI

PATHOLOGY LABORATORY

Dr. Mrs. Sangeeta V. Nadkarni

Consulting Pathologist (MMC Reg. No. 53839)

Add Reg. No. : 1872/2000

E-mail : healthcare.nadkarni@gmail.com

Consultant Pathologist • SHASHWAT HOSPITAL



MAIN LABORATORY : 1, Indraprastha Chambers, Ground Floor, Near Amber Hall, Karve Road, Pune 411 038. Ph. : 97635 93646, 8983 7777 93 • Timings : Monday to Saturday 7 am to 8 pm

Reg No : 202111091430142 / OPD

Sex / Age : Male / 32Y

Name : Mr. ANIL RATHOD

Reg Date : 13/11/2021 10:46 AM

Referred Dr : MEDIWHEEL

Report Date : 13/11/2021 11:44 AM

CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
URINE ANALYSIS REPORT			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		
Specific Gravity	1.012		
Chemical Examination			
Albumin	Absent		
Sugar	Absent		
Bile Pigments	Absent		
Urobilinogen	Normal		
Reaction	Acidic		
Acetone-Ketone	Negative		
Nitrite	Negative		
Microscopic Examination			
RBCs	Absent		
PUS Cells	2-3		
Epithelial Cells	3-4		
Casts	Absent		
Other Findings	NIL		

End of Report

S. Nadkarni

Dr Sangeeta Nadkarni
Pathologist
MD (PATH)

Dr. (Mrs.) Sangeeta V. Nadkarni
Consultant Pathologist MD (Path.)
MMC Reg No. 53839

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SPECIAL TEST

Test Name	Result	Unit	Reference Range
Thyroid Panel - I			
Serum T3 (Tri-Iodothyronine)	1.43	ng/dl	0.87-1.78
Serum T4 (Thyroxine)	9.47	ug/dl	6.09 - 12.23
Thyroid Stimulating Hormones (Ultra TSH)	3.7	mIU/ml	0.38 - 5.33

End of Report

S. Nadkarni

Dr Sangeeta Nadkarni
 Pathologist
 MD (PATH)

25 YEARS COMPLETION

Dr. (Mrs.) Sangeeta V. Nadkarni
 Consultant Pathologist MD (Path.)
 MMC Reg No.53839
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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	5.1	%	Non Diabetic :04 -06 Excellent Control : 06 -07 % Fair Control : 07 - 08% Unsatisfactory : 08 - 10% Poor Control: Above 10%
Estimated Mean Glucose (eAg)	99.67	mg%	70 - 140

Interpretation :

Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months.

HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks.

Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but with in this 120 days.

Recent glycemia has the largest influence on the HbA1c value.

Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

End of Report

S. Nadkarni

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 Report Date : 13/11/2021 01:15 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
GGTP			
Gamma GT (GGTP)	24	u/lt	05 -50
Method	5-amino-2-nitrobenzoate		

Interpretation :

Gamma glutamyl transferase (GGTP) is an enzyme found in cell membranes of many tissues mainly in the liver, kidney, and pancreas. It is also found in other tissues including intestine, spleen, heart, brain, and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity.

End of Report

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Reg Date : 13/11/2021 10:46 AM

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol	100	mg/dl	Desirable Chol: 200mg/DI Borderline Chol: 200-239mg/DI High Chol: >240mg/DI
S. Triglycerides	79	mg/dl	Upto 190
HDL Cholesterol	45	mg/dL	30 - 70
LDL Cholesterol	39.2	mg/dl	Upto 150
VLDL Cholesterol	15.8	mg/dl	07 to 35
S.Cholesterol/HDL Ratio	2.22		LOW RISK - 3.3 To 4.4 AVERAGE RISK - 4.4 TO 7.1 MODERATE RISK - 7.1 TO 11.1 HIGH RISK - >11.0
LDL Chole/HDL Chole	0.87		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole	1.76		Desirable : < 3.00

Note :

Cholesterol : CHOD PAP; HDL Cholesterol: Direct ; LDL:Direct Measurement ; Triglycerides :GPO;

(**The Above Reference range is Desirable/Optimal Range)

End of Report**Dr Sangeeta Nadkarni**
Pathologist
MD (PATH)**Dr. (Mrs.) Sangeeta V. Nadkarni**
Consultant Pathologist MD (Path.)
MMC Reg No.538391, Indraprastha Chambers,
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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Liver Function Test			
Bilirubin- Total	0.70	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.40	mg/dL	0.0 - 0.4
Bilirubin- Indirect	0.30	mg/dL	0.1 - 0.8
SGPT	20.0	IU/L	05 - 40
SGOT	23.0	IU/L	05 - 40
Alkaline Phosphatase	49	IU/L	Male : 53 -128 Child : 54 -369 Neo: 54-369
Total Proteins	7.4	gm/dl	6.0 - 8.0
Serum Albumin	3.8	gm/dl	3.2 -5.5
Serum Globulin	3.6	gm/dl	2.3 -3.5
A/G ratio	1.06		1.0 -2.3

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Urea			
Blood Urea	23	mg/dl	13 - 45
Blood Urea Nitrogen	10.74	mg/dl	10 - 20
Serum Creatinine			
Serum Creatinine	1.00	mg/dl	0.6 to 1.4
Serum Uric Acid			
Serum Uric Acid	7.3	mg/dl	2.5 to 7.2

End of Report

Dr Sangeeta Nadkarni
Pathologist
MD (PATH)

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BIOCHEMISTRY -

Test Name	Result	Unit	Reference Range
Blood Sugar Fasting and Post Prandial			
Blood Sugar Fasting	84	mg/dl	70 - 110
Urine Sugar Fasting	ABSENT		
Blood Sugar Post Prandial	99	mg/dl	Upto 140

End of Report

Dr Sangeeta Nadkarni
Pathologist
MD (PATH)



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Add Reg. No. : 1872/2000

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Consultant Pathologist • SHASHWAT HOSPITAL



MAIN LABORATORY : 1, Indraprastha Chambers, Ground Floor, Near Amber Hall, Karve Road, Pune 411 038. Ph. : 97635 93646, 8983 7777 93 • Timings : Monday to Saturday 7 am to 8 pm

Reg No : 202111091430142 / OPD
 Name : Mr. ANIL RATHOD
 Referred Dr : MEDIWHEEL

Sex / Age : Male / 32Y
 Reg Date : 13/11/2021 10:46 AM
 Report Date : 13/11/2021 12:19 PM

HAEMATOLOGY

Test Name	Result	Unit	Reference Range
HAEMOGRAM ON CELL COUNTER			
HAEMOGLOBIN	16.0	gm/dl	12.5-18
RBC COUNT	5.9	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	48	%	37 - 54
MCV	81.91	fL	82 - 98
MCH	27.3	pgms	27 - 33
MCHC	33.33	%	32 - 36
Total WBC count	10000	/cmm	4500- 11000
Differential Leucocytes Counts			
Neutrophil	67	%	50 - 70
Lymphocytes	28	%	20 - 40
Monocytes	02	%	0 - 12
Eosinophils	03	%	02 - 06
Platelet Count	194000	/cmm	150000 - 450000
RBC Morphology	NORMOCYTIC & NORMOCHROMIC		
WBC Morphology	NO WBC ABNORMALITY SEEN		
Platelet Morphology	PLATELETS ARE ADEQUATE		
Peripheral Smear Examination	NEGATIVE FOR MALARIAL PARASITE		
E.S.R.	5		M : 0 mm to 7 mm F : 0 mm to 15 mm (by Wintrobe's)

Instrument Used

Fully Automated Biosystem Cell Counter SYSMEX XP-100

End of Report

Dr Sangeeta Nadkarni
 Pathologist

Dr. (Mrs.) Sangeeta V. Nadkarni
 Consultant Pathologist MD (Path.)
 MMC Reg No.53839

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