

Himanshu

From: Donotreply <noreply@apolloclinics.info>
Sent: 17 May 2023 13:37
To: himanshu@rohahealthcare.com
Cc: rahul.rai@apolloclinic.com; pritam.padyal@apolloclinic.com;
bhumika.ajit@apolloclinic.com; ahcnmembers@apolloclinic.com;
syamsunder.m@apollohl.com; corporate@apolloclinic.com;
deepak.gaddam@apolloclinic.com; rani.g@apolloclinic.com;
devendra.singh@apolloclinic.com; apsara.bagchi@apollohl.com
Subject: Corporate HC Appointment Confirmation

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **03-06-2023** at your **Roha Health Care 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 MER 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

Appointment Book							
Corporate/TPA	Agreement Name	Package Name	Package Inclusions	Customer Name	Gender M/F	Relation (Self/Spouse)	DOB/Age
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	THYROID PROFILE - I(T3,T4 AND TSH),GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL,Dietician consultation,Glycosylated Hemoglobin (HbA1C) - Whole Blood,2 D ECHO,ECG,Fitness by General Physician,LIVER FUNCTION TEST (PACKAGE),GGTP: Gamma Glutamyl Transpeptidase - Serum,X-Ray Chest PA,Ultrasound - Whole Abdomen,Consultation - Dental,HEMOGRAM (CBC+ESR),Renal Function Test,Lipid Profile (all Parameters),URINE GLUCOSE(FASTING),URINE GLUCOSE(POST PRANDIAL),Blood Grouping And Typing (Abo And Rh),Urine Routine (CUE),Package Consultation - ENT,BMI,Ophthal by General Physician	MR. GOSWAMI KAPILVAN V	M	Self	33

Please login to Adbhutam for more details.

Adbhutam Url : <https://franchise.apollohl.com/AHLLIntranet/Login.aspx>

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Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,

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SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	03/06/2023		
NAME	Kapilvan V Goswami		
AGE 35	Gender	M	
HEIGHT(cm) 178	WEIGHT (kg)	77.4	
B.P. 125/78			
ECG	NSR Brady cardiac		
X Ray			
Vision Checkup	Color Vision: Normal Far Vision Ratio: 6/6 BIC Near Vision Ratio: N10 BIC		
Present Ailments	None.		
Details of Past ailments (If Any)	None		
Comments / Advice : She /He is Physically Fit	FIT		


Dr. Ninad J. Gor

M.B.B.S.

Reg. No. : G-64033

Signature with Stamp of Medical Examiner



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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Kapil Vinodbhai Goswami on 3/6/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. 
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medical legal purposes **Dr. Ninad J. Gor**
M.B.B.S.

Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTISPECIALITY CLINICS

Patient Name : MR. KAPILVAN GOSWAMI

Age / Gender : 36 years / Male

Patient ID : 11441

Source : Apollo Health Check Network

LAB DIVISION

Referral : SELF

Collection Time : 03/06/2023, 09:37 AM

Receiving Time : 03/06/2023, 09:38 AM

Reporting Time : 03/06/2023, 03:30 PM

Sample ID :



04358

Test Description	Value(s)	Reference Range
Glycosylated Hb		
HbA1C (Glyco Hb) Method : EDTA Whole blood, TINIA	5.7	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	116.89	mg/dL
Interpretations		
1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.		
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.		
Excellent control-6-7 %		
Fair to Good control – 7-8 %		
Unsatisfactory control – 8 to 10 %		
Poor Control – More than 10 %		

END OF REPORT



Dr. Jaydip Gorani
MD Path

Note: 1. These reports are mere estimation and are liable to vary/change in different conditions in different laboratories.
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Test Description	Value(s)	Reference Range	
Lipid Profile			
Cholesterol-Total Method : CHOD-PAP	202.00	< 200	mg/dL
Triglycerides Method : GPO	147.9	< 161	mg/dL
HDL Cholesterol	56.3	35.30 - 79.50	mg/dL
LDL Cholesterol	116.12	< 100	mg/dL
VLDL Cholesterol Method : calculated	29.58	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.59	3.5 - 5.0	ratio

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Test Description	Value(s)	Reference Range	
CBC/ESR			
RBC Parameters			
Hemoglobin	14.5	13.5 - 18.0	g/dL
RBC Count	5.29	4.7 - 6.0	mill/ul
PCV / HCT	42.7	42 - 52	%
MCV	80.6	78 - 100	fL
MCH	27.4	27 - 31	pg
MCHC	34	32 - 36	gm/dL
RDW	13.8	11.5 - 14.0	%
WBC Parameters			
Total WBC Count	4460	4000 - 10000	/ul
Differential WBC Count			
Neutrophils	55	40 - 70	%
Lymphocytes	40	20 - 40	%
Eosinophils	02	01 - 06	%
Monocytes	03	02 - 10	%
Basophils	0	00 - 02	%
Platelets Parameters			
Platelet Count	256	150 - 450	/ul
ESR (1 hour)	12	0 - 15	mm/hr
Method : Modified Westergren			

Tests done on Sysmex XN-330 six part fully automated differential hematology analyzer from K3 EDTA Sample.

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Test Description	Value(s)	Reference Range	
<u>Creatinine</u>			
CREATININE	1.20	0.70 - 1.30	mg/dl
Method : MODIFIED JAFFE'S			

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04358

Test Description	Value(s)	Reference Range	
T3,T4&TSH			
T3	1.289	0.69-2.15	ng/mL
T4	82.84	52 - 127	ng/mL
TSH	1.05	0.3- 4.5	μIU/mL

Remark:

Ultra Sensitive 4th generation assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

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Test Description	Value(s)	Reference Range	
<u>Liver Function Test + GGT</u>			
Bilirubin - Total Method : DIAZO	0.57	<2.0	mg/dl
Bilirubin - Direct Method : DIAZO	0.13	0.0 - 0.40	mg/dL
Bilirubin - Indirect Method : Calculated	0.44	0.00-0.90	mg/dL
SGOT Method : IFCC W/O PYRIDOXAL PHOSPHATE	17.9	0.0 - 35.00	U/L
SGPT Method : IFCC W/O PYRIDOXAL PHOSPHATE	13.9	0.0 - 45.00	U/L
Alkaline Phosphatase - ALP Method : AMP	58.00	53.00 - 128.00	U/L
Total Proteins Method : BIURET	6.37	6.40 - 8.30	g/dl
Albumin Method : BCG	4.30	3.50 - 5.20	g/dl
Globulin Method : Calculated	2.07	2.5-3.2	gm/dL
A/G Ratio Method : Calculated	2.08	0.9-2.0	
Gamma GT* Method : GLUPA C	18.1	< 55.00	U/L

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Test Description	Value(s)	Reference Range
<u>Blood group</u>		
Blood Group	- "O"	
RH Factor	- POSITIVE	

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Test Description	Value(s)	Reference Range	
Blood Sugar Fasting			
Glucose fasting Method : Hexokinase	93.2	70 - 110	mg/dl

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04358

Test Description	Value(s)	Reference Range	
Blood Sugar Post Prandial			
Blood Glucose-Post Prandial Method : Hexokinase	82.6	80 - 140	mg/dl

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Test Description	Value(s)	Reference Range
URINE ROUTINE MICROSCOPY		
Sample	Fresh Urine	
PHYSICAL EXAMINATION		
Quantity	30	mL
Colour	Pale-Yellow	Pale-Yellow / Watery
pH	Acidic	Acidic/Neutral
Specific Gravity	1.025	1.002 - 1.030
CHEMICAL EXAMINATION		
Protein (Albumin)	Absent	Absent
Sugar	Absent	Absent
Bile Salts	Absent	Absent
Bile Pigment	Absent	Absent
Ketone	Absent	Absent
MICROSCOPIC EXAMINATION		
Pus Cells	0-1	0-5/hpf
Red Blood Cells	Absent	Absent
Epithelial Cells	0-1	
Crystals	Absent	
Amorphous material	Absent	
Casts	Absent	
Trichomonas vaginalis	Absent	
Yeast	Absent	
Bacteria	Absent	Absent

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Test Description	Value(s)	Reference Range	
Urea Nitrogen			
UREA	21.5	19.00 - 45.00	mg/dl
Method : UREASE-GLDH			
BUN*	7.68	7 - 21	mg/dL
Method : Serum,Calculated			

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