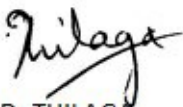


Patient Name	: Mr.INDIRAN N	Collected	: 08/Apr/2024 11:00AM
Age/Gender	: 30 Y 10 M 6 D/M	Received	: 08/Apr/2024 02:58PM
UHID/MR No	: CANN.0000235640	Reported	: 08/Apr/2024 05:18PM
Visit ID	: CANNOPV400428	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: PKG10000484		

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.



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

SIN No:BED240097043

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)
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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Visit ID : CANNOPV400428	Status : Final Report
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Emp/Auth/TPA ID : PKG10000484	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.89	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.7	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.6	%	40-80	Electrical Impedance
LYMPHOCYTES	41.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3472	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2933	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	189	Cells/cu.mm	20-500	Calculated
MONOCYTES	385	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 8



Dr THILAGA
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Consultant Pathologist



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Patient Name	: Mr.INDIRAN N	Collected	: 08/Apr/2024 11:00AM
Age/Gender	: 30 Y 10 M 6 D/M	Received	: 08/Apr/2024 02:58PM
UHID/MR No	: CANN.0000235640	Reported	: 08/Apr/2024 05:18PM
Visit ID	: CANNOPV400428	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: PKG10000484		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

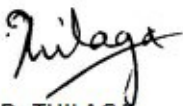
WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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

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Patient Name : Mr.INDIRAN N	Collected : 08/Apr/2024 11:00AM
Age/Gender : 30 Y 10 M 6 D/M	Received : 09/Apr/2024 07:36AM
UHID/MR No : CANN.0000235640	Reported : 09/Apr/2024 10:12AM
Visit ID : CANNOPV400428	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : PKG10000484	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No: HA06771120

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.INDIRAN N	Collected : 08/Apr/2024 11:00AM
Age/Gender : 30 Y 10 M 6 D/M	Received : 08/Apr/2024 03:15PM
UHID/MR No : CANN.0000235640	Reported : 08/Apr/2024 03:44PM
Visit ID : CANNOPV400428	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : PKG10000484	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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:

- 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.
- 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
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	28	U/L	<50	IFCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL , SERUM	239	mg/dL	<200	CHO-POD

Page 5 of 8



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



SIN No:SE04690615

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name	: Mr.INDIRAN N	Collected	: 08/Apr/2024 11:00AM
Age/Gender	: 30 Y 10 M 6 D/M	Received	: 08/Apr/2024 03:15PM
UHID/MR No	: CANN.0000235640	Reported	: 08/Apr/2024 04:22PM
Visit ID	: CANNOPV400428	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: PKG10000484		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA , SERUM	13.00	mg/dL	17-43	GLDH, Kinetic Assay

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.79	mg/dL	0.72 – 1.18	JAFFE METHOD



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



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Patient Name : Mr.INDIRAN N	Collected : 08/Apr/2024 11:00AM
Age/Gender : 30 Y 10 M 6 D/M	Received : 08/Apr/2024 03:32PM
UHID/MR No : CANN.0000235640	Reported : 08/Apr/2024 05:09PM
Visit ID : CANNOPV400428	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : PKG10000484	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - 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	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT 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

Page 7 of 8



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

SIN No:UR2327475

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Patient Name : Mr.INDIRAN N	Collected : 08/Apr/2024 11:36AM
Age/Gender : 30 Y 10 M 6 D/M	Received : 08/Apr/2024 03:32PM
UHID/MR No : CANN.0000235640	Reported : 08/Apr/2024 05:10PM
Visit ID : CANNOPV400428	Status : Final Report
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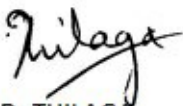
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
STOOL ROUTINE EXAMINATION , STOOL				
PHYSICAL EXAMINATION				
COLOUR	BROWN			Macroscopy
CONSISTENCY	SEMISOLID			Macroscopy
MUCUS	ABSENT		ABSENT	Macroscopy
CHEMICAL EXAMINATION				
pH	6.0		5-7.5	Double Indicator
MICROSCOPIC EXAMINATION				
PUS CELLS	2-4	/hpf	0-5	Microscopy
RED BLOOD CELLS	NIL	/hpf	Nil	Microscopy
OVA	ABSENT		ABSENT	Lugols Iodine
CYSTS	ABSENT		ABSENT	Lugols Iodine
EPITHELIAL CELLS	NIL	/hpf	<10	MICROSCOPY
VEGETABLE CELLS	ABSENT		ABSENT	Microscopy
MUSCLE FIBRES	ABSENT		ABSENT	Microscopy
STARCH GRANULES	ABSENT		ABSENT	Microscopy
FAT GLOBULES	ABSENT		ABSENT	Microscopy

***** End Of Report *****

Page 8 of 8



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

SIN No:ST363565

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Patient Name	: Mr. INDIRAN N	Age/Gender	: 30 Y/M
UHID/MR No.	: CANN.0000235640	OP Visit No	: CANNOPV400428
Sample Collected on	:	Reported on	: 08-04-2024 16:23
LRN#	: RAD2296117	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: PKG10000484		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Indivan on 8/4/24,

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 for Employment. 	<input type="checkbox"/>
<p>Fit with restrictions/recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>F. chol - 239</u></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 <u>PLP</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	<input type="checkbox"/>

Apollo Medical Centre
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-26224505, Mobile: 7358392880
Toll No. 1860 500 7788

Dr. [Signature]
Medical Officer
The Apollo Clinic, (Location)

Dr. VIGNESH P.N, MBBS, DNB
Apollo Family Physician
Reg. No. 125615

This certificate is not meant for medico-legal purposes

Name: Indiran . N
 Occupation:
 Age: 30y Sex: Male Female
 Address:
 Ph:

Date: 8/4/24 Reg. No.: 235640
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

Ocular Movements :
 Anterior Segment :
 Intra-Ocular-Pressure :
 Visual Acuity: D.V. :
 Without Glass :
 With Glass :
 N.V. :
 Visual Fields :
 Fundus :
 Impression :
 Advice :
 Colour Vision :

	RE	LE
Ocular Movements :	<u>Full</u>	<u>Full</u>
Anterior Segment :	<u>Full</u>	<u>Full</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		<u>N</u>
Without Glass :	<u>N</u>	
With Glass :	<u>6/6</u>	<u>6/6</u>
N.V. :		
Visual Fields :		
Fundus :	<u>N6</u>	<u>N6</u>
Impression :		<u>Full</u>
Advice :	<u>Full</u>	<u>N</u>
Colour Vision :	<u>N</u>	

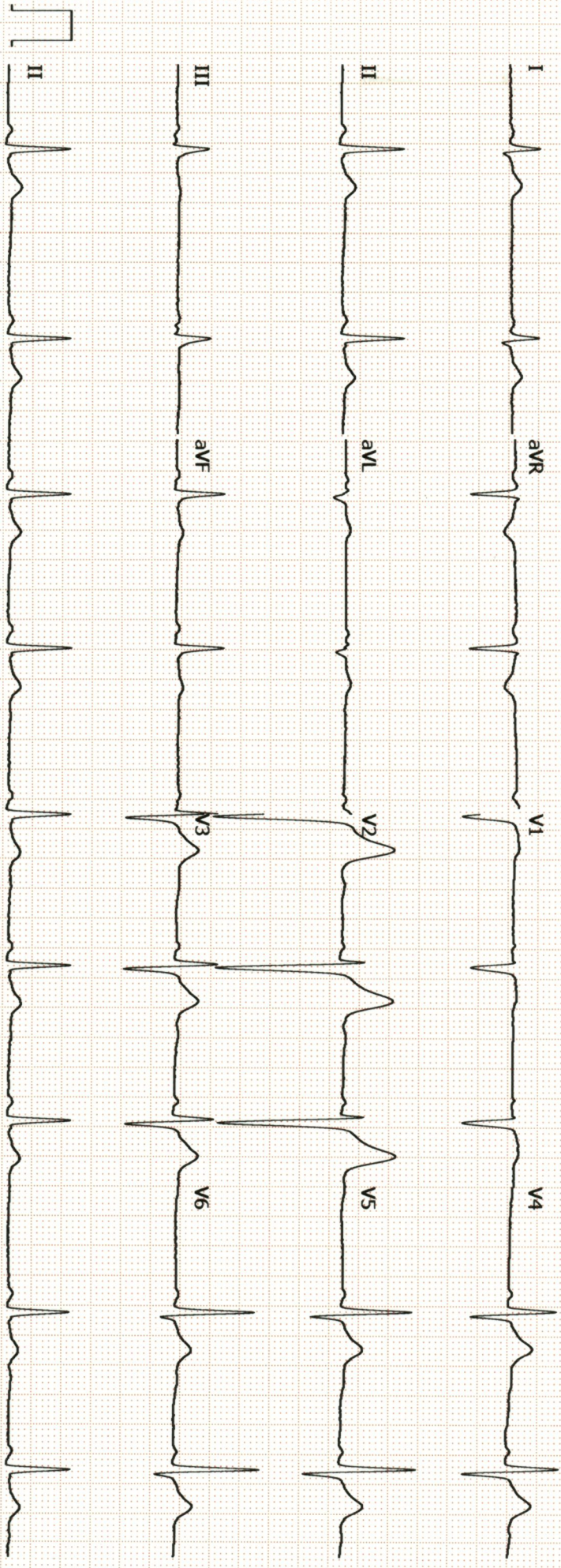
OPHTHALMOLOGY / OPTOMETRIST

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 102 ms
QT / QTcbaz : 400 / 379 ms
PR : 134 ms
P : 110 ms
RR / PP : 1104 / 1111 ms
P / QRS / T : 39 / 62 / 46 degrees

Indication:
Medication 1:
Medication 2:
Medication 3:

Sinus Brady
RF



N. Jaisankar

GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

Your appointment is confirmed

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

Fri 4/5/2024 4:03 PM

To:indiranmarico2021@gmail.com <indiranmarico2021@gmail.com>

Cc:Annagar Apolloclinic <annagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Indiran N,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-04-06** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK D - 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.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,
ANNANAGAR EAST,CHENNAI - 600102.**

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

CANN-235640
OCR-102196

भारत सरकार
Government of India

ना इन्दिरान्
N Indiran
பிறந்த நாள் / DOB: 02/06/1993
ஆண் / Male

Issue Date: 24/10/2013

7843 0014 6261

मेरा आधार, मेरी पहचान

N. Indiran

Patient Name : Mr. INDIRAN N Age : 30 Y/M
UHID : CANN.0000235640 OP Visit No : CANNOPV400428
Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 08-04-2024 16:52
Referred By : SELF

ECG REPORT

Observation :-

Heart rate is 54 beats per minutes.

Impression:

SINUS BRADYCARDIA.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN