

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Prem Prakash Sinha on 30/9/23.

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 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. <u>Type II DM</u></p> <p>2. <u>HTN</u></p> <p>3. <u>Mild hepatomegaly & Grade II fatty liver</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months</u></p>	✓
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Saurabh Agarwal
 Medical Officer
 Apollo Clinic,
 Dr. Saurabh Agarwal
 MBBS, MD, FIDM (UK), FAGE
 Reg. No. 68395
 Apollo Clinic Hazratganj

This certificate is not meant for medico-legal purposes

Licensee: TECHNO MEDICALS INDIA

GST : 09ADNPA2038G1Z5

Address : TECHNO HERITAGE, Jehangirabad Palace,
Next to DM Residence, Hazratganj, Lucknow 226001

Online appointments : www.apolloclinic.com

Email : hazratganj.lko@apolloclinic.com

TO BOOK AN APPOINTMENT


7897 123 777

Patient Name- <u>Mr. Prakash Singh</u>	Date- <u>30/9/23</u>
Age- <u>50</u>	Sex- <u>m.</u>
B P - Systolic <u>159</u> Diastolic <u>99 mmHg</u>	R.B.S.-
Pulse- <u>76</u>	SPO2- <u>98%</u>
Temp- <u>94.4 F</u>	Height-
Weight- <u>89.6 kg</u>	BMI-
Consultant- <u>Dr. Saurabh Agarwal</u>	Fat-

- Mild hepatomegaly & Grade II fatty liver
- B/L Renal simple cysts
- Sugar - F - 112 mg/dl HbA1c - 7.8%
- PP - 179 mg/dl
- Type II DM
- Vit D₃ ↓

- Rx
- ① Tab Meptagan 1-0-1 X 1 month
 - ② Tab Evion 600 IU 1-0-0 X 1 month
 - ③ Tab Uprise D₃ 60K 1-0-0 X 8 weeks
 - ④ Tab Zovamet SR 500mg (once a week) 1-0-1 X 10 days
after breakfast & dinner
 - ⑤ Tab Amlapress 5mg (Evening) 1-0-0 X 10 days

Valid for 7 Days

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Advice: Avoid oily spicy food
Reduce salt intake
Diet modification
Exercise 30min/day
Avoid sugary things

Inv: Monitor BP
Sugar $\left. \begin{array}{l} \text{F} \\ \text{PP} \end{array} \right\}$ after 10 days
HbA_{1c} after 3 months
USG Abdomen after 3 months

Saurabh
Dr. Saurabh Agarwal
MBBS, MD, FIDM (UK), FAGE
Reg. No. 68395
Apollo Clinic Hazratganj

Patient Name- <i>Mr. Preetam Prakash Singh</i>	Date- <i>30/9/23</i>
Age- <i>50</i>	Sex- <i>m.</i>
B P - Systolic <i>159</i> Diastolic <i>99 mmHg</i>	R.B.S.-
Pulse- <i>76</i>	SPO2- <i>98%</i>
Temp- <i>94.4°F</i>	Height-
Weight- <i>89.6 kg</i>	BMI-
Consultant-	Fat-

Valid for 7 Days

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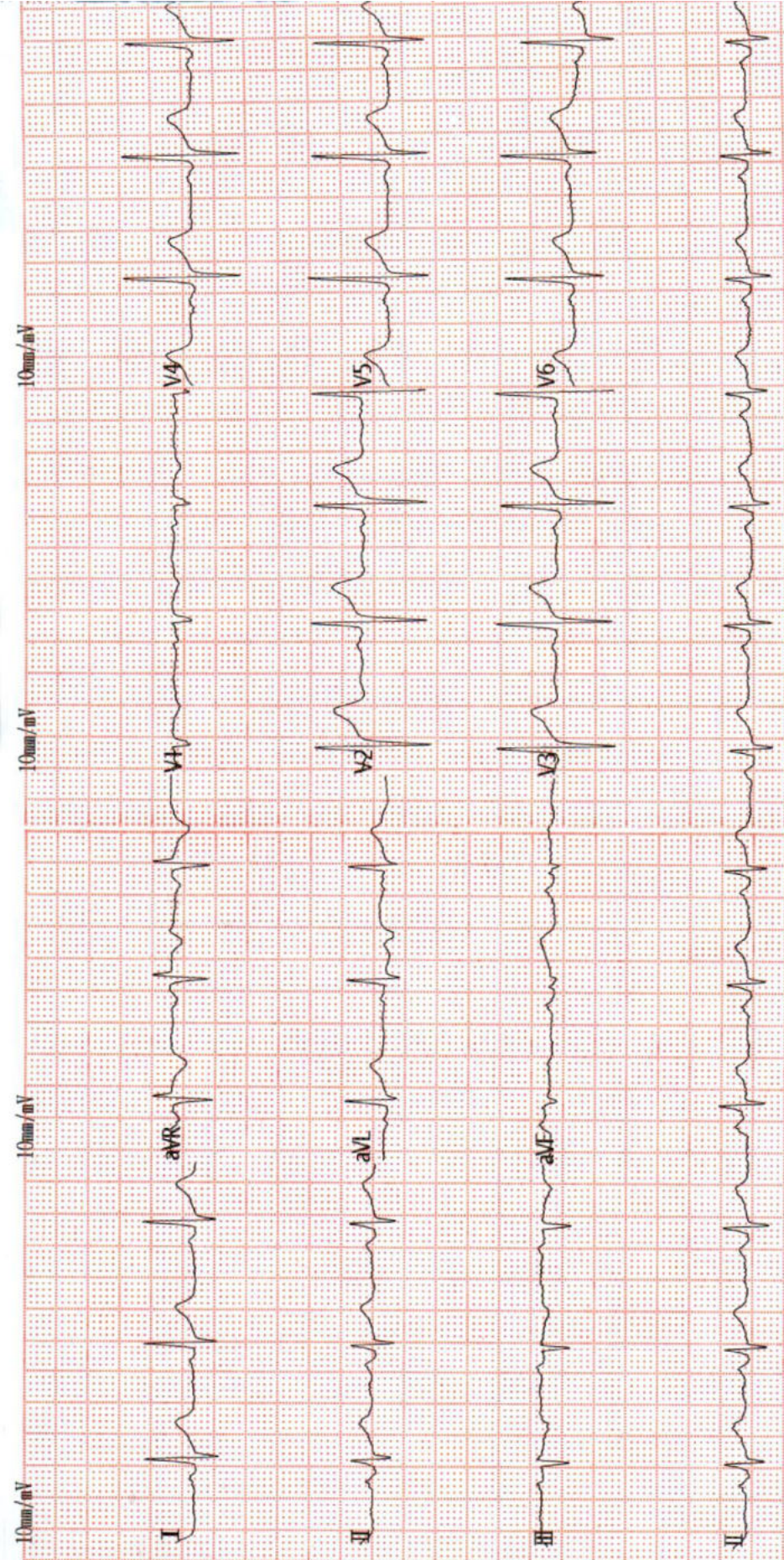
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(ECG Analysis Result):

Vent. Rate(BPM) : 79
 PR Int.(ms) : 144
 P/QRS/T Int.(ms) : 112 102 180
 QT/QTc Int.(ms) : 372 432
 P/QRS/T Axis(Deg) : 61 -6 14
 RV1/SV5 Amp.(mV) : 0.03 0.59
 RV5/SV1 Amp.(mV) : 1.22 0.23

		ST LEVEL(mV)					
I	II	III	aVR	aVL	aVF		
+0.02	+0.03	+0.01	-0.02	+0.00	+0.02		
V1	V2	V3	V4	V5	V6		
+0.02	+0.10	+0.07	+0.05	+0.04	+0.03		

V2 33 Technician :

Note - Inconfirmed Report Need to Review

Prem prakash Sinha 50/M.



30.3.23

c/c - regular dental checkup

o/e - stones +
calculus +

intrinsic stains $\frac{3}{-} \frac{3}{-}$

implant $\frac{+}{-}$ - seldom pain

fractured teeth $\frac{\oplus}{-}$
RCT treated = silver restoration.

Adv - oral prophylaxis

- Prosthesis $\frac{7}{-} \frac{7}{-}$

- veneer/crown $\frac{3}{-} \frac{3}{-}$ (cosmetic correction)

Sati

Dr. ROHIT MADAN
MDS (Periodontist & Oral Implantologist)
Consultant Dentist
DCI Reg. No. 002259
Apollo Clinic, Hazratganj

Ms. Prem Prakash Sinha
Age - 50 Y/M



Cl - none

Vm $\left\{ \begin{array}{l} 6/9P \\ 6/9P \end{array} \right.$

VmCPH $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

Nvm $\left\{ \begin{array}{l} N12 \\ N12 \end{array} \right.$

Cvm $\left\{ \begin{array}{l} 38/38 \\ 38/38 \end{array} \right\}$ MINIL

Subjective Improvement -

R $\rightarrow +0.50 - 6/6$

L $\rightarrow +0.50 - 6/6$

Addⁿ + 2.0 DS BES $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$

Bifocal / Progressive glass.

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PATIENT NAME :MR PREM PRAKASH SINHA

AGE / SEX: 50 YRS/M

UHID :4058

DATE : 30 , MAR, 2023

2-D ECHO& M-MODE EXAMINATION VALVES

1.MITRAL VALVES STUDY:

a)**Motion:** Normal b) **Thickness:** Normal c)**Calcium-** none

2. AORTIC VALVE STUDY

a) **Aortic root** 3.2cm. b)**Aortic Opening** 2.1cm. c)**Closure:**Central
d)**Calcium-**none e)**Eccentricity Index** 1 f) **Vegetation-** none
g) **Valve Structure :** Trileaflet

3.PULMONARY VALVE STUDY Normal

a)**EF Slope** Normal b)**A Wave +**
c)**Thickness** Normal d)**Others –**

4.TRICUSPID VALVE Normal.

6. AORTIC MITRAL CONTINUITY: maintained

Left Atrium 5.1x4.3cm. Clot : none Others:
Right Atrium Normal Clot :none I.A.S.: intact
IVC 15mm with normal respiratory variation

(Cont2)

(...2)

VENTRICLES

RIGHT VENTRICLE:	Normal	Ejection fraction: 71%
LEFT VENTRICLE :		Fractional Shortening 40%
IVS (D) 1.2cm.(S)	1.5 cm.	LV mass:257g
LVID(D) 5.05cm.(S)	2.98 cm.	
PW (D) 1.2cm (S)	1.5 cm	
RWMA: None		
IVS: Intact		

TOMOGRAPHIC VIEWS

PARASTERNAL LONG AXIS VIEW:

Normal

Good LV contractility

SHORT AXIS VIEWS:

Aortic Valve Level

AOV- Bicuspid Valve(RCC & LCC fusion)
MV-Normal
PV-Normal
TV-Normal

Mitral Valve Level

Papillary Muscle Level:

APICAL 4 CHAMBER VIEW

No clot / vegetation

OTHER SPECIAL VIEWS:

(Cont.....3)

(.....3)


PERICARDIUM
 Normal
DOPPLER STUDIES

	Velocity (m/ sec)	Flow Pattern	Regurgitation	Gradient mmHg
MITRAL	E=0.80;A=0.92 E/A=0.8;E/e'=8	Normal	Nil	-
AORTIC	1.8	Normal	Nil	14
TRICUSPID	1.4	Normal	Trace	8
PULMONARY	1.3	Normal	Nil	7.5

PASP=8+RAP

CONCLUSIONS:

- No RWMA
- LVEF = 71%
- Bicuspid Aortic Valve(RCC & LCC fusion) vel 1.8,/sec
- Trace TR
- IAS/IVS intact
- No MR/AR
- No clot / vegetation.
- No pericardial effusion.
- No Diastolic Dysfunction


DR. A.K.SINGH
 MD,DM(Cardiology)

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Patient Name- Mr. Prem Prakash Sinha.	Date- 30/3/23
Age- 50	Sex- M
B P – Systolic	Diastolic
Pulse-	R.B.S.-
Temp-	SPO2-
Weight-	Height-
Consultant- Dr Sanhita Sinha.	BMI-
	Fat-

Routine ENT check up.

c/o nose block. (R) sided. - 6-7 months.

(R) TMJ pain.

K/C/O HTN.

Ears R L.

EAC N N.

TM N N.

Mastoid Non tender Non tender.

TFT Rhine AC > BC AC > BC.

Weber Central.

ABC SAE SAE.

Nose - DNS to (R)

PNS - WNL.

oral cavity - teeth stained, multiple capping (+).

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TO BOOK AN APPOINTMENT

 7897 123 777

NAME : MR. PREM PRAKASH SINHA **RTNO** : 4058
DATE : 30.MAR.2023 **AGE** : 50 Y
REFERRED BY : PAN INDIA **SEX** : M

ULTRASOUND WHOLE ABDOMEN

- **LIVER:** Liver is enlarged in size (15.4 cms) with normal shape & increased echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber. Periportal region appears normal.
- **GALL BLADDER:** is partially distended. Wall thickness is normal. No pericholecystic fluid collection noted. CBD is not dilated.
- **PANCREAS:** is normal in size and contour. Parenchyma shows normal echotexture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
- **SPLEEN:** is normal in size (10.2 cms), shape & position. Parenchyma shows normal echotexture. Splenic veins are not dilated.
- **B/L KIDNEYS:**
 - Both kidneys are normal in size, site, shape, position. Cortical echoes are normal. Cortico-medullary differentiation is maintained. Pelvicalyceal system are not dilated. **Right kidney shows a simple cyst measuring approx.113x76 mm in size at mid pole .Left kidney shows few cysts largest measuring approx.16x13 mm in size at mid pole.**
- **URINARY BLADDER:** is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen.
- **PROSTATE:** appears normal in size measuring 37x32x31 mm and weighing 19.8 gms. Parenchyma shows normal echotexture. No focal lesion / prostatic calcification seen.
- No evidence of free fluid.

IMPRESSION:

➤ **MILD HEPATOMEGALY WITH GRADE II FATTY LIVER.**

➤ **B/L RENAL SIMPLE CYSTS.**

ADV: Please correlate clinically

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

Typed by

Dr. Priyank K.S. Chaudhary

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POORAM TIWARI

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MBBS, DMRD, DNB(Radiodiagnosis)

TO BOOK AN APPOINTMENT

 **7897 123 777**

Report Doc No.: 4791

Patient No.: 3711-3701

Name : Mr. Prem Prakash Sinha / 50 Year / Male

Collected On : 30-03-2023

Referred By : ARCOFEMI HEALTHCARE LIMITED

Report On: 30-03-2023 06:00 PM

ARCOFEMI MEDIWHEEL MALE HEALTH PACKAGE

CBC (Complete Blood Count)

Hemoglobin Method : (Cyanmethemoglobin)	14.0 gm%	Normal 13-17 gm%
Hematocrit (PCV) Method : (Calculated parameter)	40.7 %	Normal 40-54 %
RBC Count Method : (Electrical Impedence)	5.23 million/cmm	Normal 4.2-5.5 million/cmm
MCV Method : (Calculated parameter)	77.8 fl	Normal 83-101 fl
MCH Method : (Calculated parameter)	26.8 pg	Normal 27-32 pg
MCHC Method : (Calculated parameter)	34.4 g/dl	Normal 31-37 g/dl
RDW-CV Method : (Electrical Impedence)	13.7 %	Normal 11.6-14 %
TLC (Total Leucocyte Count) Method : (Electrical Impedence)	7900 cells/cu.mm	Normal 4000-10000 cells/cu.mm
DLC (Differential Leucocyte Count) Method : (Electrical Impedence)		
Neutrophil	75 %	40-80
Lymphocyte	18 %	20-40
Eosinophil	02 %	1-6
Monocyte	05 %	2-10
Basophil	00 %	0-1
ABSOLUTE LEUCOCYTE COUNT Method : (Electrical Impedence)		
NEUTROPHILS	5925 cells/cu.mm	2000-7000
LYMPHOCYTES	1422 cells/cu.mm	1000-3000
EOSINOPHILS	158 cells/cu.mm	20-500
MONOCYTES	395 cells/cu.mm	200-1000
Platelet Count Method : (Electrical Impedence)	251 thousand/mm ³	Normal 150-450 thousand/mm ³

GBP (Peripheral Blood smear)

RBC : Normocytic normochromic

WBC : Total leucocyte count and differential leucocyte count as given.

Platelets : Platelets are adequate in number.

No hemoparasite or immature cells seen .

Checked By

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Page 1 End

TO BOOK AN APPOINTMENT



Report Doc No.: **4791**
Name : **Mr. Prem Prakash Sinha / 50 Year / Male**
Referred By : **ARCOFEMI HEALTHCARE LIMITED**

Patient No.: **3711-3701**
Collected On : **30-03-2023**
Report On: **30-03-2023 06:00 PM**

ESR (Wintrobs)	12 mm/h	Normal 0-10 mm/h
Blood Grouping/ABO RH Typing		
Blood Group	:	"B"
Rh Factor	:	POSITIVE
Blood Sugar (Fasting)		
Method : <i>(GOD-POD)</i>	112 mg/dl	Normal 70-110 mg/dl
Blood Sugar (PP)		
Method : <i>(GOD-POD)</i>	179 mg/dl	Normal 80-160 mg/dl

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Referred By : **ARCOFEMI HEALTHCARE LIMITED**

Patient No.: **3711-3701**

Collected On : **30-03-2023**

Report On: **30-03-2023 06:00 PM**

Kidney Function Test (KFT)

Serum Urea Method : <i>(UREASE)</i>	21 mg/dl	Normal 10-50 mg/dl
Serum Creatinine Method : <i>(Creatinine amidohydrolase)</i>	0.7 mg/dl	Normal 0.6-1.4 mg/dl
Serum Sodium Method : <i>(Direct ISE)</i>	138 mmol/L	Normal 135-146 mmol/L
Serum Potassium Method : <i>(Direct ISE)</i>	4.2 mmol/L	Normal 3.5-5.1 mmol/L

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Referred By : **ARCOFEMI HEALTHCARE LIMITED**

Patient No.: **3711-3701**
Collected On : **30-03-2023**
Report On: **30-03-2023 06:00 PM**

Liver Function Test (LFT)

Serum Bilirubin - Total Method : <i>(Diazo sulfanilic)</i>	0.5 mg/dl	Normal 0.2-1.2 mg/dl
Serum Bilirubin - Direct Method : <i>(Diazo sulfanilic)</i>	0.2 mg/dl	Normal 0-0.3 mg/dl
Serum Bilirubin-Indirect Method : <i>(Calculated parameter)</i>	0.3 mg/dl	Normal 0.3-1 mg/dl
Serum SGOT/AST Method : <i>(UV with P-5-P)</i>	33 U/L	Normal 10-46 U/L
Serum SGPT/ALT Method : <i>(UV with P-5-P)</i>	65 U/L	Normal 10-49 U/L
Serum Alkaline Phosphatase (SALP) Method : <i>(p-nitrophenyl phosphate)</i>	109 U/L	Normal 40-129 U/L
Serum Gamma-Glutamyltransferase (GGT) Method : <i>(IFCC)</i>	24 U/L	Normal 0-55 U/L

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Report On: 30-03-2023 06:00 PM

Lipid Profile

Serum Cholesterol -Total Method : <i>(CHE/CHO/POD)</i>	172 mg/dl	Normal < 200
Serum Triglyceride Method : <i>(Enzymatic)</i>	147 mg/dl	Normal < 150
Serum Cholesterol VLDL Method : <i>(Calculated parameter)</i>	29.4 mg/dl	Normal < 30
Serum Cholesterol HDL Method : <i>(Polymer-Detergent)</i>	32 mg/dl	Normal > 40
Serum Cholesterol LDL Method : <i>(Calculated parameter)</i>	111 mg/dl	Normal < 100
Total Cholesterol/HDL Ratio Method : <i>(Calculated parameter)</i>	5.38	Normal 0-4.5
LDL/HDL Ratio Method : <i>(Calculated parameter)</i>	4.38	Normal 0-3

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Report On: 30-03-2023 06:00 PM

Urine R/M

DEPARTMENT OF CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
TEST NAME	VALUE	UNIT	NORMAL VALUE
PSYICAL EXAMINATION:-			
Urine Color	Straw		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Clear		Clear
Specific Gravity	1.010		1.010-1.025
CHEMICAL EXAMINATION:-			
Albumin	Absent		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		Absent
Blood	Trace		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
MICROSCOPIC EXMINATION:-			
Pus Cells(WBC)	1-2	Cells/hpf	
Red Blood Cells (RBC)	Occasional	Cells/hpf	
Epithelial Cell	2-3	Cells/hpf	
Casts	Nil	Nil	
Bacteria	Nil		
Crystals	Nil	Nil	

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Collected On : 30-03-2023

Referred By : ARCOFEMI HEALTHCARE LIMITED

Report On: 30-03-2023 06:00 PM

HbA1c

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
HBA1C, GLYCATED HEAMOGLOBIN, WHOLE BLOOD EDTA	7.8	%		TURBIDIMETRIC

Comment:

Reference range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES) DIAGNOSING DIABETES	5.7-6.4
DIABETICS	≥6.5
EXCELENT 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control.

T3 T4 TSH

Serum T3 Method : (Chemiluminescence Immunoassay)	1.14 ng/ml	Normal 0.7-2 ng/ml
Serum T4 Method : (Chemiluminescence Immunoassay)	8.69 µg/dl	Normal 6.1-12.2 µg/dl
Serum Thyroid Stimulating Hormone (TSH) Method : (Chemiluminescence Immunoassay)	2.13 uIU/ml	Normal 0.3-5.6 uIU/ml
Serum Prostate Specific Antigen (PSA) Method : (Chemiluminescence Immunoassay)	1.69 ng/ml	Normal 0-4 ng/ml Borderline 5-10 ng/ml High 11-100 ng/ml

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Report On: 30-03-2023 06:00 PM

Serum Vitamin B12

DEPARTMENT OF IMMUNOLOGY				
TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
VITAMIN B12, SERUM	204.23	pg/mL	180-914	CLIA
Comment:				
TEST RESULT (in pg/mL)	INTERPRETATION			
180-914	NORMAL			
145-180	INDETERMINATE			
<145	DEFICIENT			
<p>Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.</p> <p>Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations.</p>				

Page 8 End

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TO BOOK AN APPOINTMENT



Report Doc No.: 4791
 Name : Mr. Prem Prakash Sinha / 50 Year / Male
 Referred By : ARCOFEMI HEALTHCARE LIMITED

 Patient No.: 3711-3701
 Collected On : 30-03-2023
 Report On: 30-03-2023 06:00 PM

Vitamin D3

DEPARTMENT OF IMMUNOLOGY				
TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
VITAMIN D(25- OH VITAMIN D), SERUM	17.12	ng/mL		CLIA

Comment:
BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10-30
SUFFICIENCY	30-100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20-30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

End of Report



Checked By


Dr. Divya Mehdiratta
 MBBS, MD (Pathologist)

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