



011-

41195959 [Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)Dear **Rashmi**,

Please find the confirmation for following request.

Booking Date : 23-06-2023
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Amar Jyoti Hospital
Address of Diagnostic/Hospital : Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134
Contact Details : 8521712741
City : Begusarai
State : Bihar
Pincode : 851134
Appointment Date : 29-06-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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 **आधार**
भारत सरकार
Ministry of India

पता:
अधीनिनी: अमरदीप कुमार, केशोपुर हरदियाबाद टोला,
जानकीनगर, मुंगेर,
बिहार - 811211

Address:
W/O: Amardeep Kumar, keshopur
hardiyabad tola, Jankinagar, Munger,
Bihar - 811211

4259 5024 4321
VID: 9166 1854 0904 1255


Photo

रश्मि शर्मा
Rashmi Sharma
जन्म तिथि/DOB: 26/10/1986
महिला/ FEMALE

4259 5024 4321
VID: 9166 1854 0904 1255

मेरा आधार, मेरी पहचान

help.aadhaar.gov.in www.aadhaar.gov.in

Rashmi Sharma

mob:- 7004618616

MEDICAL EXAMINATION REPORT

Name RASHMI SHARMA Gender M / F Date of Birth 20/10/1986
 Position Selected For Identification marks A MOLE OVER LT. CHEEK

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input checked="" type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input checked="" type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

NO

3. List allergies to any known medications or chemicals

N/A

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)

b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)

c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes ; approximate date (MM/YYYY)
- c. Shoulder, Elbow, Wrists, Hands Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
 - b. Do you have knee pain when squatting or kneeling? Yes No
 - c. Do you have back pain when forwarding or twisting? Yes No
 - d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
 - e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- | | | |
|---|---|--|
| •Walking : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- f. Do you have pain when working with hand tools? Yes No
 - g. Do you experience any difficulty operating machinery? Yes No
 - h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height <input type="text" value="160"/>	b. Weight <input type="text" value="68kg"/>	Blood Pressure <input type="text" value="120/70 mmhg"/>
Chest measurements: a. Normal <input type="text"/>	b. Expanded <input type="text"/>	
Waist Circumference <input type="text"/>	Ear, Nose & Throat <input type="text" value="N/NL"/>	
Skin <input type="text" value="NORMAL"/>	Respiratory System <input type="text" value="BAE (+)"/>	
Vision <input type="text" value="NORMAL 6/6"/>	Nervous System <input type="text" value="N/ND"/>	
Circulatory System <input type="text" value="N/NL"/>	Genito-urinary System <input type="text" value="N/NL"/>	
Gastro-intestinal System <input type="text" value="N/NL"/>	Colour Vision <input type="text" value="N/NL"/>	

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <input type="text" value="N/NL"/>	ECG <input type="text" value="N/NL"/>
Complete Blood Count <input type="text" value="Hb: 10.9g/dl, PC: 8,500"/>	Urine routine <input type="text" value="N/NL"/>
Serum cholesterol <input type="text" value="170 mg/dl"/>	Blood sugar <input type="text" value="FBS-95mg/dl, PPBS-115mg/dl"/>
Blood Group <input type="text" value="B+ve"/>	S.Creatinine <input type="text" value="1.0 mg/dl"/>

D. CONCLUSION :

Any further investigations required	Any precautions suggested
<input type="text" value="-"/>	<input type="text" value="-"/>

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 29/06/2023


 Signature of Medical Adviser

Eye Examination Report

Candidate Name: RASHMI SHARMA

Age/ Gender: 37 / F

Date: 29/06/2023

This is to certify that I have examined Mr./Ms. RASHMI SHARMA hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<u>6/6</u>	R	<u>6/6</u>	<u>ABLE TO DIFFERENTIATE COLOR</u>

Doctor Signature: Dr. Chandra Shekhar Kumar
(M.B.B.S. MD (OPHTHALMOLOGY)
Doctor Stamp: AMAR JYOTI HOSPITAL
REG. No. 41209
29/06/2023



AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

Panki Sharma
361A

Case for Numb hand & chest pain

BP : 120/70 mm
Pn : 80 mm
Hr : 90/min

$\frac{P/H/O}{-H/O}$ from 3 Causes
As B/Ls

Prob
CBE
FBS
PDM
RFT
LFT
BUN
BT
HbA1c
CDP
ESR
ECG
CXR - AS
Transferrin
Lipid profile



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PATIENT NAME:- RASHMI SHARMA

AGE:-37/F

ADDRESS:- MUNGER

DATE:29/06/2023

**USG-ABDOMEN REPORT **

- LIVER:-** liver is normal in size (120mm)with regular surface, no I.H.B.D
- GB: -** G.B is normal in size and volume.no calculus or mass seen in the g.b lumen
- C.B.D:** C.B.D appear normal .no calculas seen
- PANCREAS:** pancreas appear normal .
- SPLEEN:** spleen is normal in size and echotexture
- KIDNEY:** both kidney are normal in size , no calculus is seen in both kidneys.
- U.BLADDER:** it is of normal capacity . no calculus or mass seen
- UTERUS:** Anteverted and normal in size,endometrium and myometrium appears normal
- ADENEXA:-** no adenexal cyst or masss seen
- OTHER:-** Excessive bowel gases are present
- IMPRESSION :-** Normal study



Reshmi sharma

29.06.2023 13:45:28
Amar jyoti Hospital, Beusarai

Female

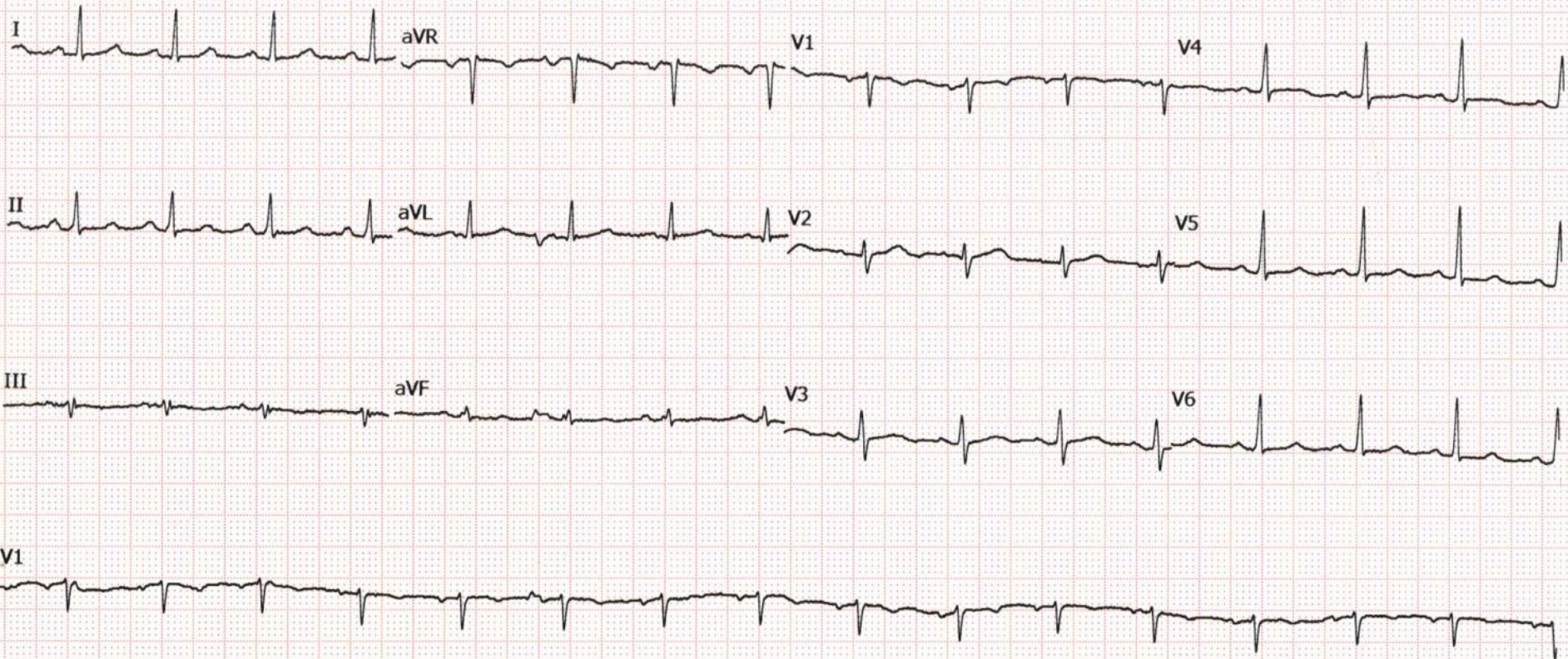
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

94 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	72 ms	Normal sinus rhythm
QT / QTcBaz :	338 / 422 ms	
PR :	142 ms	
P :	88 ms	
RR / PP :	634 / 638 ms	
P / QRS / T :	34 / 14 / -7 degrees	



DR. SASHIBHUSHAN

M.D. Pathologist (BHU)

Reg. No. : 52269

MD. SHAHNAWAZ KHAN

B.M.L.T.

Reg. No. : BR1822

**JAMAR
JYOTI
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- RASHMI SHARMA

Date:29/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex F Age:37Y

Haematological Test Report

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<u>Complete Blood Count</u>			
Haemoglobin :	10.9	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count :	8,500	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil :	68	%	40-70
Lymphocyte :	29	%	20-40
Eosinophil :	02	%	01-09
Monocyte :	01	%	02-10
Basophil :	00	%	00-05
<u>RBC Indices</u>			
R.B.C.Count :	3.86	mil./cumm	3.9-5.6
Haematocrit (PCV) :	31.2	%	36-47
MCV :	80.8	fL	75-96
MCH :	25.2	pg	27-32
MCHC :	31.2	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count :	1,80,000	/cumm	150000-400000
ESR :	14	mm/1 st hr.	00-15

*** End of report***



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Patient Name:- RASHMI SHARMA
Ref. by Dr : AMAR JYOTI HOSPITAL

Date:29/06/2023
Sex F Age:37Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
B.Urea	30.0	mg/dl	17-45
S.Creatinine	1.0	mg/dl	0.6-1.4
S.Uric Acid	6.1	mg/dl	2.5-7.0
S.Sodium	143	m ml/L	135-155
S.Potassium	3.9	m ml/L	3.5-5.5
S.Chloride	98.0	meq/L	97-109
S.Calcium	8.0	mg%	8.5-10.5
Blood group Rh	'B' Positive		

End of report



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Sex F Age:37Y

LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Bilirubin			
Total	0.99	mg/dl	up to 1.2
Conjugate	0.31	mg/dl	up to 0.4
Unconjugate	0.68	mg/dl	up to 0.8
SGPT	48.0	U/L	up to 40
SGOT	38.0	U/L	up to 38
Alkaline Phosphatase	149	U/L	37-167
S.Protein			
Total	6.3	gm%	6.0-8.0
Albumin	3.8	gm%	3.7-5.3
Globulin	2.5	gm%	1.5-3.5
A/G Ratio	1.52		1.0-2.0

End of report

Signature

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Ref.by Dr : AMAR JYOTI HOSPITAL

Date:29/06/2023
Sex F Age:37Y

LIPID PROFILE

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Triglyceride	115	mg%dl	10-170
Total Cholesterol	170	mg%dl	130-200
H.D.L.Cholesterol	43	mg%dl	40-75
L.D.H.Cholesterol	127	mg%dl	80-120
TC/HDL Cholesterol	3.95	Ratio	3.0-5.0
LDL/HDL	2.95	Ratio	1.5-3.5
V.L.D.L Cholesterol	23	mg%dl	07-30

*** End of report***



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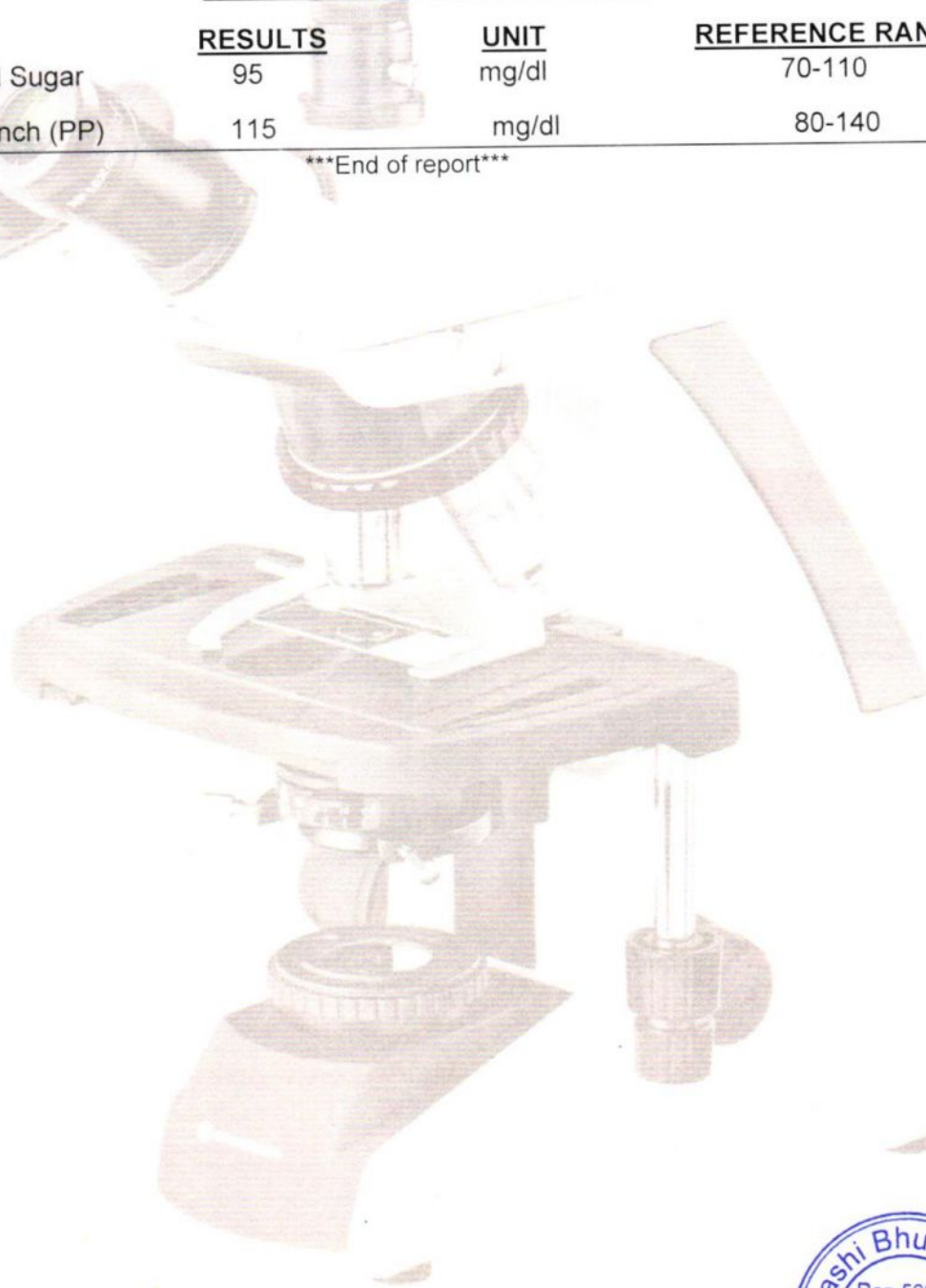
Ref.by Dr : AMAR JYOTI HOSPITAL

Sex F Age:37Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Fasting Blood Sugar	95	mg/dl	70-110
2Hrs After Lunch (PP)	115	mg/dl	80-140

End of report



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Call : 8877770366, 8873831650

Patient Name:- RASHMI SHARMA

Date:29/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex F Age:39Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
HbA1c(HPLC)	4.35	%	5.7-6.4
Average Blood Glucose(ABG):	78.06	mg/dL	90-120

End of report



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Patient Name:- RASHMI SHARMA

Date: 29/06/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex F Age: 37Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
T3, Total	1.35	ng/mL	0.80-2.00
T4, Total	10.11	ng/mL	4.87-13.72
TSH	2.41	μ IU/mL	0.35-4.94

End of report



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Patient Name:- RASHMI SHARMA

Date:29/06/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex F Age:34Y

URINE REPORT

PHYSICAL EXAMINATION:

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.0

DEPOSITS : Present

REACTION : Acidic

SP.Gravity :1.020

CHEMICAL EXAMINATION:

PROTEIN : Nil

BILE PIGMENT: Absent

UROBILINOGEN: Absent

NITRITE : Neagtive

SUGAR : Nil

BILI SALT : Absent

KETONE BODIES: Absent

MICROSCOPIC EXAMINATION:

EPITHELIAL CELL: 0-2/hpf

PUS CELL : 2-4/hpf

CASTS : Absent

BACTERIA : Absent

RBC : NIL

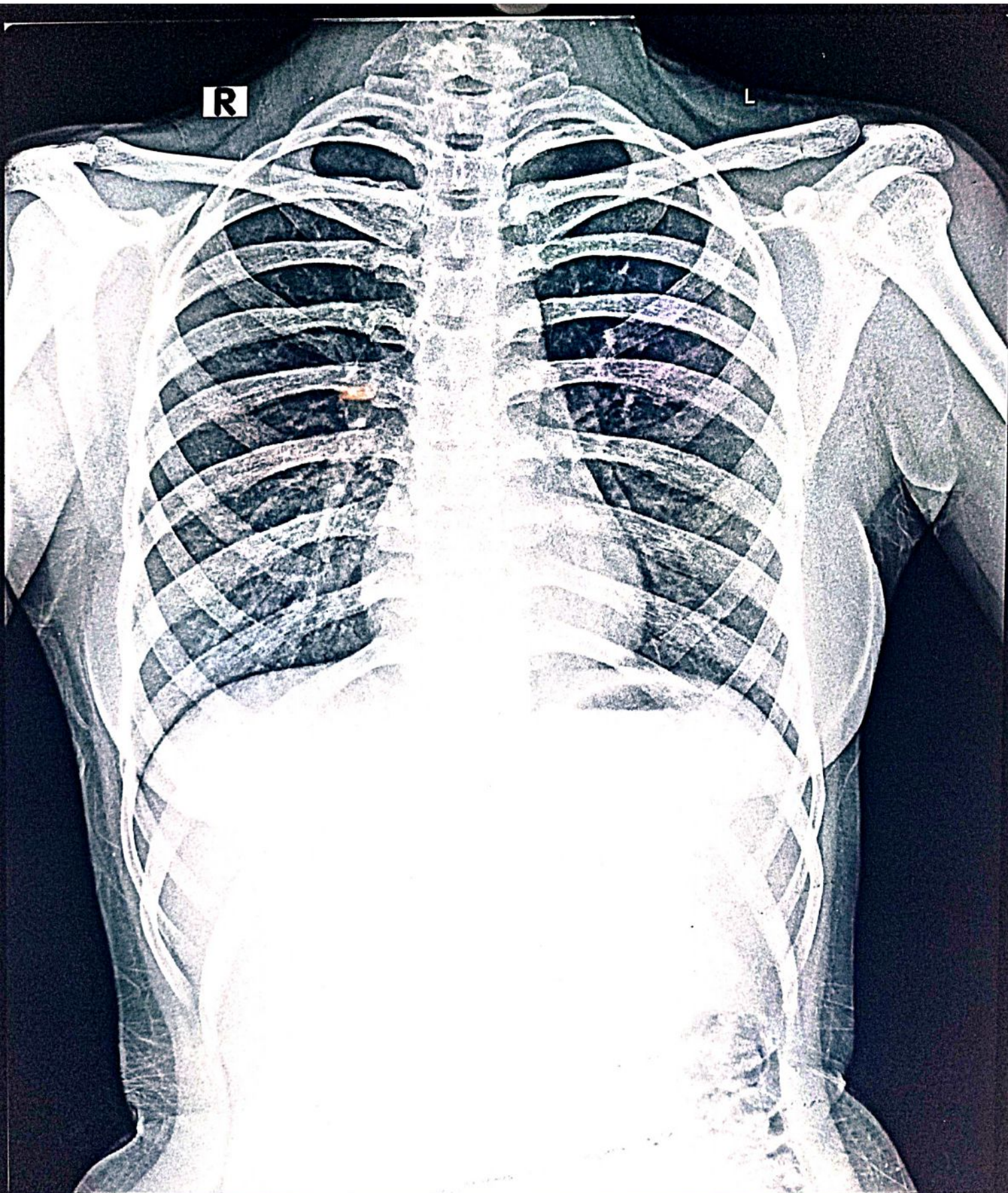
Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

*** End of report***





**RASHMI SHARMA 1256 37 /Y CHEST,FRN P->A 29-JUNE-23
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**