



MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee : Mr./Mrs./Ms. ARUN FRANCIS
 2. Mark of Identification : (Mole/Scar/any other (specify location)): Below RA eye
 3. Age/Date of Birth : 9-12-91 Gender: F/M
 4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID) AADHAR

PHYSICAL DETAILS:

a. Height 168 (cms) b. Weight 61 (Kgs) c. Girth of Abdomen 75 (cms)
 d. Pulse Rate 70 (/Min) e. Blood Pressure: Systolic Diastolic

| | | |
|-------------------------|------------|-----------|
| 1 st Reading | <u>130</u> | <u>86</u> |
| 2 nd Reading | | |

FAMILY HISTORY:

| Relation | Age if Living | Health Status | If deceased, age at the time and cause |
|------------|---------------|----------------|--|
| Father | <u>68</u> | <u>good</u> | |
| Mother | <u>62</u> | <u>DM, HTN</u> | |
| Brother(s) | <u>-</u> | | |
| Sister(s) | <u>28</u> | <u>good</u> | |

HABITS & ADDICTIONS: Does the examinee consume any of the following?

| Tobacco in any form | Sedative | Alcohol |
|---------------------|-----------|-------------------|
| <u>NO</u> | <u>NO</u> | <u>occasional</u> |

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity? If No, please attach details. **Y/N**

b. Have you undergone/been advised any surgical procedure? **Y/N**

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N**

d. Have you lost or gained weight in past 12 months? **Y/N**

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N**
- Any disorders of Respiratory system? **Y/N**
- Any Cardiac or Circulatory Disorders? **Y/N**
- Enlarged glands or any form of Cancer/Tumour? **Y/N**
- Any Musculoskeletal disorder? **Y/N**
- Any disorder of Gastrointestinal System? **Y/N**
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N**
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N**
- Are you presently taking medication of any kind? **Y/N**

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• Any disorders of Urinary System?

~~Y/N~~

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

~~Y/N~~

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

~~Y/N~~

d. Do you have any history of miscarriage/abortion or MTP

~~Y/N~~

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

~~Y/N~~

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

~~Y/N~~

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

~~Y/N~~

f. Are you now pregnant? If yes, how many months?

~~Y/N~~

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

~~Y/N~~

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

~~Y/N~~

➤ Are there any points on which you suggest further information be obtained?

~~Y/N~~

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

To reduce fatty food

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

[Handwritten Signature]

Seal of Medical Examiner :

Dr. A. M. ANTO IOFHS (Rtd)
B.Sc, MBBS; DIH (Cal), PGD
Reg. No. 5667
CONSULTANT
DDRC SRL Diagnostic Services
THRISSUR - 20



Name & Seal of DDRC SRL Branch :

Date & Time :

17.1.2023

DDRC SRL Diagnostics Private Limited

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

| | | |
|---------------------------------------|----------------------------|-------------------------|
| Patient Name: Mr. ARUN FRANCIS | Age: 31 Y | Sex: Male |
| Ref. Consultant: | AC No: 4177VL001156 | Date: 14.01.2023 |
| Clinical details: | | |

USG ABDOMEN

Liver measures 12.2 cm, normal in size and **shows diffuse increase in echogenicity with partial loss of periportal echogenicity**. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is partially distended and appears normal. No calculus or mass seen.

Spleen measures 9.8 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 8.3 x 3.6 cm and left kidney measures 8.6 x 4.2 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

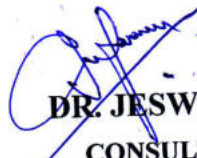
Urinary bladder is distended and appears normal. No calculus or mass seen.

Prostate measures 12 cc, normal in size and echotexture.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

IMPRESSION

- **Grade II fatty infiltration of liver.**


DR. JESWIN PAULSON DMRD
 CONSULTANT RADIOLOGIST

Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.

Dr. Jeswin Paulson MBBS, DMRD
 Consultant Radiologist

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|--------------|-----------------------|------------|-----------------|
| Patient name | Mr. ARUN 31 M | Age/Sex | 31 Years / Male |
| Patient ID | 210511SU2-23-01-14-12 | Visit No | 1 |
| Referred by | Dr. SELF | Visit Date | 14/01/2023 |

