



: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No

: SCHI.0000021493

Visit ID Ref Doctor : SCHIOPV31884

Emp/Auth/TPA ID

: Dr.SELF : wefwew

Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 09:14AM

Reported

Status

: 14/Jun/2024 03:19PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240152524

Page 1 of 10





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: Final Report : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY** 

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

| Test Name                            | Result  | Unit                       | Bio. Ref. Range | Method                       |
|--------------------------------------|---------|----------------------------|-----------------|------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA          |         |                            |                 |                              |
| HAEMOGLOBIN                          | 15      | g/dL                       | 13-17           | CYANIDE FREE<br>COLOUROMETER |
| PCV                                  | 46.70   | %                          | 40-50           | PULSE HEIGHT AVERAGE         |
| RBC COUNT                            | 5.27    | Million/cu.mm              | 4.5-5.5         | Electrical Impedence         |
| MCV                                  | 88.6    | fL                         | 83-101          | Calculated                   |
| MCH                                  | 28.5    | pg                         | 27-32           | Calculated                   |
| MCHC                                 | 32.1    | g/dL                       | 31.5-34.5       | Calculated                   |
| R.D.W                                | 15.6    | %                          | 11.6-14         | Calculated                   |
| TOTAL LEUCOCYTE COUNT (TLC)          | 5,220   | cells/cu.mm                | 4000-10000      | Electrical Impedance         |
| DIFFERENTIAL LEUCOCYTIC COUNT        | (DLC)   | <u>'</u>                   |                 | <u>'</u>                     |
| NEUTROPHILS                          | 44.1    | %                          | 40-80           | Electrical Impedance         |
| LYMPHOCYTES                          | 42.9    | %                          | 20-40           | Electrical Impedance         |
| EOSINOPHILS                          | 1.6     | %                          | 1-6             | Electrical Impedance         |
| MONOCYTES                            | 10      | %                          | 2-10            | Electrical Impedance         |
| BASOPHILS                            | 1.4     | %                          | <1-2            | Electrical Impedance         |
| ABSOLUTE LEUCOCYTE COUNT             |         |                            |                 |                              |
| NEUTROPHILS                          | 2302.02 | Cells/cu.mm                | 2000-7000       | Calculated                   |
| LYMPHOCYTES                          | 2239.38 | Cells/cu.mm                | 1000-3000       | Calculated                   |
| EOSINOPHILS                          | 83.52   | Cells/cu.mm                | 20-500          | Calculated                   |
| MONOCYTES                            | 522     | Cells/cu.mm                | 200-1000        | Calculated                   |
| BASOPHILS                            | 73.08   | Cells/cu.mm                | 0-100           | Calculated                   |
| Neutrophil lymphocyte ratio (NLR)    | 1.03    |                            | 0.78- 3.53      | Calculated                   |
| PLATELET COUNT                       | 174000  | cells/cu.mm                | 150000-410000   | IMPEDENCE/MICROSCOPY         |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10      | mm at the end<br>of 1 hour | 0-15            | Modified Westergren          |
| PERIPHERAL SMEAR                     |         |                            |                 |                              |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.

Page 2 of 10



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240152524





: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No Visit ID : SCHI.0000021493 : SCHIOPV31884

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : wefwew

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: 14/Jun/2024 09:00AM : 14/Jun/2024 09:14AM

Received Reported

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

Page 3 of 10







 Patient Name
 : Mr.RAN SINGH

 Age/Gender
 : 41 Y 3 M 4 D/M

 UHID/MR No
 : SCHI.0000021493

 Visit ID
 : SCHIOPV31884

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : wefwew Collected : 14/Jun/2024 09:00AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

| Test Name                     | Result             | Unit | Bio. Ref. Range | Method  |
|-------------------------------|--------------------|------|-----------------|---|
| BLOOD GROUP ABO AND RH FACTOR | , WHOLE BLOOD EDTA |      |                 |   |
| BLOOD GROUP TYPE              | В                  |      |                 | Forward & Reverse<br>Grouping with<br>Slide/Tube Aggluti          |
| Rh TYPE                       | POSITIVE           |      |                 | Forward & Reverse<br>Grouping with<br>Slide/Tube<br>Agglutination |

Page 4 of 10



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240152524





: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No

: SCHI.0000021493

Visit ID Ref Doctor : SCHIOPV31884

Emp/Auth/TPA ID

: Dr.SELF : wefwew Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 09:14AM

Reported Status : 14/Jun/2024 03:11PM

Sponsor Name

: Final Report

:

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method    |
|------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING, NAF PLASMA | 110    | mg/dL | 70-100          | GOD - POD |

#### **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:

- 1. 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.
- 2. 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    |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2<br>HOURS, SODIUM FLUORIDE PLASMA<br>(2 HR) | 87     | mg/dL | 70-140          | GOD - POD |

#### **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method             |
|--|--------|------|-----------------|--------------------|
| ALANINE AMINOTRANSFERASE<br>(ALT/SGPT) , SERUM | 76     | U/L  | <50             | Visible with P-5-P |

Page 5 of 10



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:SE04748970





: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No

: SCHI.0000021493

Visit ID Ref Doctor : SCHIOPV31884

Emp/Auth/TPA ID

: Dr.SELF : wefwew Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 09:14AM

Reported

Status

: 14/Jun/2024 03:11PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

#### **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.

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: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No Visit ID

: SCHI.0000021493

Ref Doctor

: SCHIOPV31884

Emp/Auth/TPA ID

: Dr.SELF : wefwew

Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 09:14AM

Reported Status

: 14/Jun/2024 01:34PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY** 

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

| Test Name                | Result | Unit  | Bio. Ref. Range | Method       |
|--------------------------|--------|-------|-----------------|--------------|
| BILIRUBIN, TOTAL , SERUM | 0.80   | mg/dL | 0.20-1.20       | DIAZO METHOD |
|                          |        |       |                 |              |
| Tost Namo                | Result | Unit  | Rio Ref Range   | Method       |

| Test Name                   | Result | Unit  | Bio. Ref. Range | Method                    |
|-----------------------------|--------|-------|-----------------|---------------------------|
| BUN/CREATININE RATIO, SERUM |        |       |                 |                           |
| BLOOD UREA NITROGEN         | 11.9   | mg/dL | 8.0 - 23.0      | Calculated                |
| CREATININE                  | 0.90   | mg/dL | 0.66-1.25       | Creatinine amidohydrolase |
| BUN / CREATININE RATIO      | 13.19  |       |                 | Calculated                |

Page 7 of 10









: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No

: SCHI.0000021493

Visit ID

: SCHIOPV31884

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: wefwew

Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 09:14AM

Reported

: 14/Jun/2024 03:11PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

| Test Name         | Result | Unit  | Bio. Ref. Range | Method                    |
|-------------------|--------|-------|-----------------|---------------------------|
| CREATININE, SERUM | 0.90   | mg/dL | 0.66-1.25       | Creatinine amidohydrolase |

Page 8 of 10









: Mr.RAN SINGH

Age/Gender

: 41 Y 3 M 4 D/M

UHID/MR No Visit ID

: SCHI.0000021493

Ref Doctor

: SCHIOPV31884

Emp/Auth/TPA ID

: Dr.SELF : wefwew

Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 01:24PM

Reported

Status

: 14/Jun/2024 03:13PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

| Test Name                     | Result            | Unit | Bio. Ref. Range  | Method                     |
|-------------------------------|-------------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (C | UE) , URINE       |      |                  | -                          |
| PHYSICAL EXAMINATION          |                   |      |                  |                            |
| COLOUR                        | YELLOW            |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY                  | CLEAR             |      | CLEAR            | Physical measurement       |
| pH                            | 6.5               |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY                   | 1.025             |      | 1.002-1.030      | Dipstick                   |
| BIOCHEMICAL EXAMINATION       |                   |      |                  |                            |
| URINE PROTEIN                 | NEGATIVE          |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE                       | NEGATIVE          |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN               | NEGATIVE          |      | NEGATIVE         | AZO COUPLING<br>REACTION   |
| URINE KETONES (RANDOM)        | NEGATIVE          |      | NEGATIVE         | SODIUM NITRO<br>PRUSSIDE   |
| UROBILINOGEN                  | NORMAL            |      | NORMAL           | MODIFED EHRLICH REACTION   |
| NITRITE                       | NEGATIVE          |      | NEGATIVE         | Griess reaction            |
| LEUCOCYTE ESTERASE            | NEGATIVE          |      | NEGATIVE         | Diazonium salt             |
| CENTRIFUGED SEDIMENT WET MO   | UNT AND MICROSCOP | Y    |                  |                            |
| PUS CELLS                     | 1-3               | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS              | 0-2               | /hpf | <10              | MICROSCOPY                 |
| RBC                           | ABSENT            | /hpf | 0-2              | MICROSCOPY                 |
| CASTS                         | ABSENT            |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS                      | ABSENT            |      | ABSENT           | MICROSCOPY                 |

### **Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

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

Page 9 of 10



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:UR2366267





: Mr.RAN SINGH

Age/Gender UHID/MR No

: 41 Y 3 M 4 D/M

Visit ID

: SCHI.0000021493 : SCHIOPV31884

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: wefwew

Collected

: 14/Jun/2024 09:00AM

Received

: 14/Jun/2024 01:24PM : 14/Jun/2024 03:13PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2366267

Page 10 of 10



Specialists in Surgery

Name : Mr. Ran Singh

Age: 41 Y

Sex: M

Address: fbd

: ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP

AGREEMENT

UHID:SCHI.0000021493

OP Number: SCHIOPV31884 Bill No :SCHI-OCR-11111

Date : 14.06.2024 08:59

| Sno  | Serive Type/ServiceName                                | Department |
|------|--|------------|
| 1    | ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324 | A          |
|      | BILIRUBIN, TOTAL - SERUM                               |            |
|      | 2 GLUCOSE, FASTING                                     |            |
|      | 3 HEMOGRAM + PERIPHERAL SMEAR                          |            |
| 4    | 4 ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM           |            |
|      | 5 COMPLETE URINE EXAMINATION                           |            |
| (    | 6 PERIPHERAL SMEAR                                     |            |
|      | 7 ECG V  |            |
|      | 8 CREATININE, SERUM                                    |            |
| (    | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL),      |            |
| 10   | X-RAY CHEST PA   |            |
| 1    | FITNESS BY GENERAL PHYSICIAN                           |            |
| 13   | 2 BLOOD GROUP ABO AND RH FACTOR                        |            |
| 1.   | OPTHAL BY GENERAL PHYSICIAN                            |            |
| - 14 | BUN/CREATININE RATIO 1                                 |            |

X- Jay

PE

# CERTIFICATE OF MEDICAL FITNESS

| she         |   |
|-------------|---|
| Мес         | lically Fit   |
| Fit         | with restrictions/recommendations   |
| Tho<br>not  | ugh following restrictions have been revealed, in my opinion, these are impediments to the job. |
| 1           |   |
| 2           |   |
| 3           | <u> </u>  |
| Hov<br>beer | vever the employee should follow the advice/medication that has a communicated to him/her.      |
| Rev         | iew after   |
| Cur         | rently Unfit.   |

This certificate is not meant for medico-legal purposes

Medical Officer

The Apollo Clinic, Uppal

| PRE – EN                      | IPLOYMENT EXAMINATION    | V                        |
|-------------------------------|--------------------------|--------------------------|
| Name - Ren Silgh              | Age / Sex - 41/M         | Date- 14/6/2<br>Arcofemi |
| MRN: 21493                    | Company's Name:          | Orc. Louis               |
| Significant History           | significent.             | Dicodom                  |
|                               | 0 1                      |                          |
|                               |                          |                          |
|                               | ral Physical Examination | . 1                      |
| Height: 1690<br>Pulse: 64/mt  | Weight: 7514             | BP: 120/00 mMg           |
| Pulse: GY/mt                  | Pallor : No              | Temp:                    |
| Edema: N Q                    | Cyanosis: N              | Temp: D. L.N.: N         |
| IVP: NR<br>Jaundice: NO       | Other:                   |                          |
| 0                             |                          |                          |
| Respiratory: Blugg            | Cardiovascular: SS (+)   |                          |
| Abdomen:                      | Cardiovascular: SSE      |                          |
| Ear Examination:              | .00                      |                          |
|                               | Findings                 |                          |
| Blood Test:                   |                          |                          |
| Urine:                        | Stool:                   |                          |
| CXR:                          | ECG:                     |                          |
| Reports are attached herewith |                          |                          |

Recommendation

Final Impression FIT / UNFIT

(Signature of Consultant)

## <u>Pre - Employment Medical Check - up Status report</u>

| Date:                   |                |             |          |               |
|-------------------------|----------------|-------------|----------|---------------|
| This is to certify that | Mr. /Ms. /Mrs. | Pan Si      | Ligh     |               |
| age 4 6                 | M/F, pre       | -employment | medical  | check-up on   |
| 14/6/24                 | ,              | is (        | declared | medically FIT |
| /UNFIT for duties.      |                |             |          |               |

Dr. Navneet Kaur

(Medical Officer)

#### PHC Desk

From:

noreply@apolloclinics.info

Sent:

11 June 2024 16:09

To:

ran.singh1003@GMAIL.COM

Cc:

phc.klc@apollospectra.com; syamsunder.m@apollohl.com;

cc.klc@apollospectra.com

Subject:

Your appointment is confirmed



## Dear Ran Singh,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at SPECTRA NEHRU ENCLAVE clinic on 2024-06-14 at 09:00-09:15.

| Payment Mode      |  |
|-------------------|--|
| Corporate Name    | ARCOFEMI HEALTHCARE LIMITED                              |
| Agreement<br>Name | [ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]   |
| Package Name      | [ARCOFEMI - MEDIWHEEL - PMC PACK H - 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.

State of the state ATIA SHEH A0103/1983 BBBBBBBBB

ii , t

Mr. Ran Singh 14/6/21



Specialists in Surgery

No Ho wing gland

No Ho Systemic aisease

No Hold Mutily with colourly Mormal

Buy ( No Acceptance 6/6 B/C-M5

Slit Lupexant

Als Mormal B/F

Pupil reaction Mormal B/F

Fundus (wal B/F

Danockushin

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048 Ph: 011-40465555, 9910995018 | www.apollospectra.com





## **DIGITAL X-RAY REPORT**

| NAME: RAN SINGH | DATE: 14.06.2024   |
|-----------------|--------------------|
| UHID NO: 21493  | AGE: 41YRS/ SEX: M |

## X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

DR. DEEPIKA AGARWAI Consultant Radiologist

Dr. DEEPIKA AGARWAL

Consultant Radiologist

DMC No. 56777

Apollo Speciality Hospitals (P) Ltd.

A-2, Chirag Enclave, Greater Kailash-1

New Delhi-110048

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048 Ph: 011-40465555, 9910995018 | www.apollospectra.com