

MEDICAL EXAMINATION REPORT

Name Gender Date of Birth
 Position Selected For Identification marks

A. HISTORY:

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input checked="" 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 type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

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 No
 - Climbing : Yes No
 - Standing : Yes No
 - Kneeling : Yes No
 - Sitting : Yes No
 - Bending : Yes No
 - Squatting : Yes No
- 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 :

Pulse: 84

a. Height	<input type="text" value="165"/>	b. Weight	<input type="text" value="71.1"/>	Blood Pressure	<input type="text" value="113/74 mmhg"/>
Chest measurements:	<input type="text"/>	a. Normal	<input type="text"/>	b. Expanded	<input type="text"/>
Waist Circumference	<input type="text" value="-"/>	Ear, Nose & Throat	<input type="text" value="Normal"/>		
Skin	<input type="text" value="Normal"/>	Respiratory System	<input type="text" value="Normal"/>		
Vision	<input type="text" value="Normal"/>	Nervous System	<input type="text" value="Normal"/>		
Circulatory System	<input type="text" value="Normal"/>	Genito-urinary System	<input type="text" value="Normal"/>		
Gastro-intestinal System	<input type="text" value="Normal"/>	Colour Vision	<input type="text" value="Normal"/>		

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray	<input type="text" value="Normal"/>	ECG	<input type="text" value="Normal"/>
Complete Blood Count	<input type="text" value="08.40"/>	Urine routine	<input type="text" value="Normal"/>
Serum cholesterol	<input type="text" value="154.2"/>	Blood sugar	<input type="text" value="F-92.3 P.P-10.97"/>
Blood Group	<input type="text" value="O Positive"/>	S.Creatinine	<input type="text" value="0.87"/>

D. CONCLUSION :

Any further investigations required

Any precautions suggested

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 : 24.02.24

NP. NP

Signature of Medical Adviser

Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
Reg. No: 61785 Consultant Cardiologist

HR 74 bpm

Measurement Results:

PR : 392 / 86 ms

QTcB : 435 ms

P : 140 ms

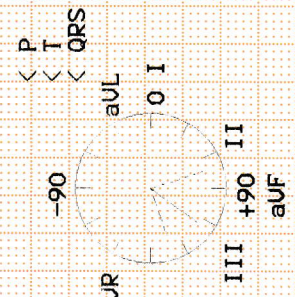
P : 100 ms

S/T : 820 / 810 ms

S/T : 71 / 127 / 160 degrees

III +90 II

aUF



Interpretation:

12SL - Interpretation:

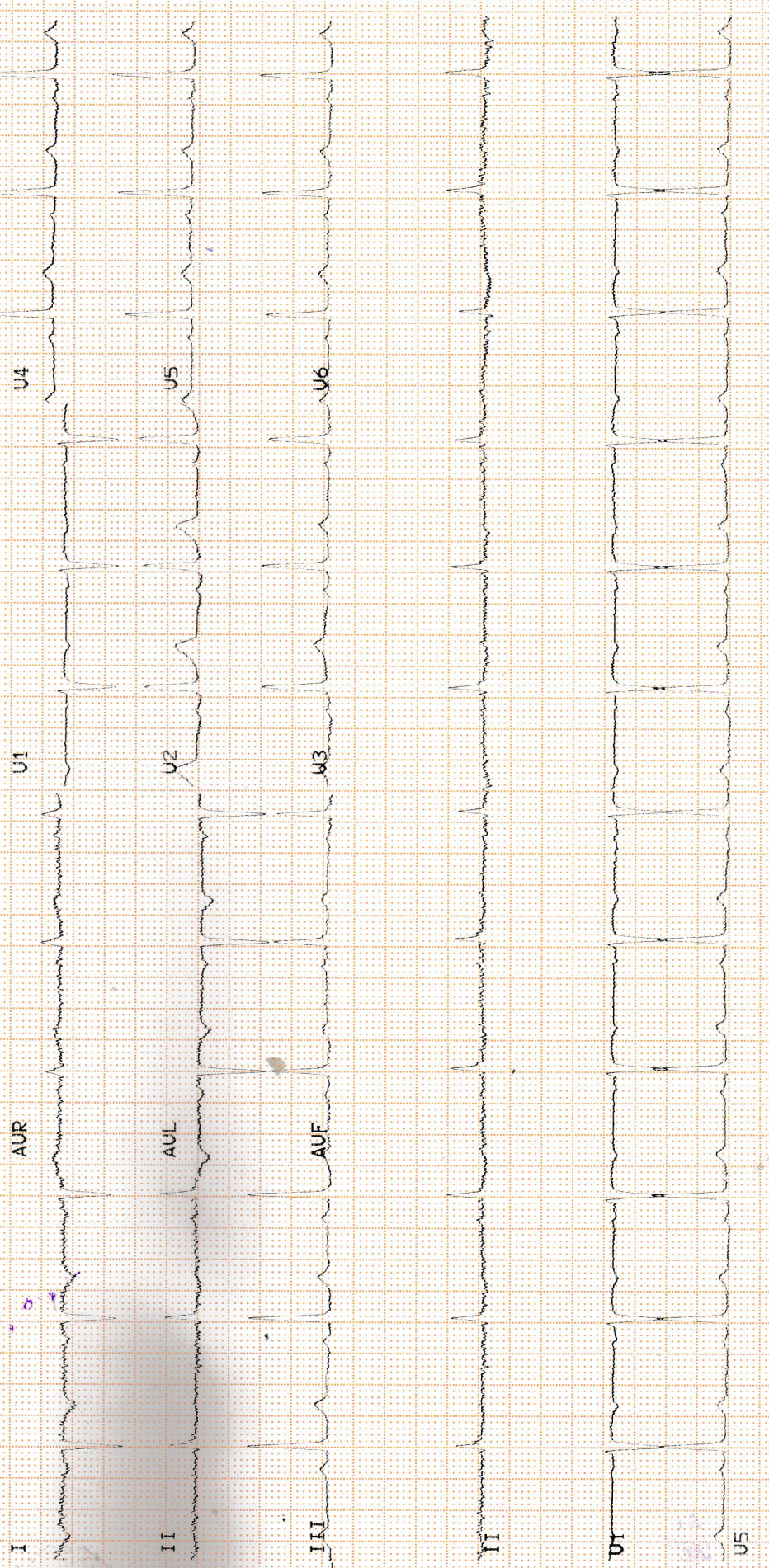
*** Suspect arm lead reversal, interpretation assumes no reversal

Normal sinus rhythm

Right axis deviation

Abnormal ECG

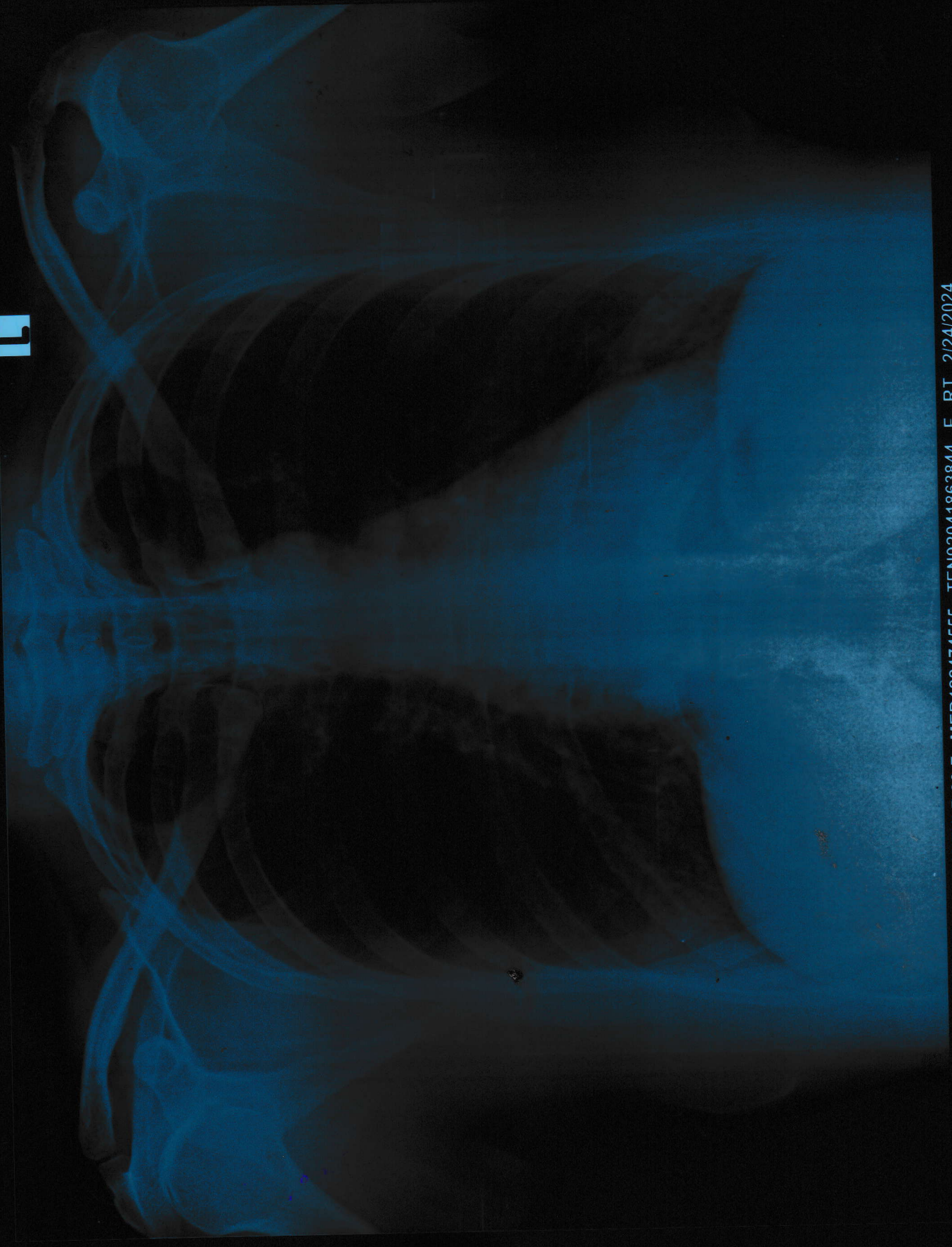
Unconfirmed report.



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ALAGU PARVATHI P 39 F MED122474555 TEN92041863844 F RT 2/24/2024

MEDALL DIAGNOSTICS



Name : Mrs. ALAGU PARVATHI P
PID No. : MED122474555
SID No. : 624005066
Age / Sex : 39 Year(s) / Female
Ref. Dr : MediWheel

Register On : 24/02/2024 10:38 AM
Collection On : 24/02/2024 11:07 AM
Report On : 24/02/2024 2:46 PM
Printed On : 27/02/2024 6:45 PM
Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	291	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	9.5	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	42	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	12.3		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	109.7	mg/dL	70 - 140
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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.87	mg/dL	0.6 - 1.1
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Uric Acid (Serum/Enzymatic)	3.8	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum)	0.90	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.30	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.9	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	11.2	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.3	U/L	< 38
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Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.8	U/L	42 - 98
Total Protein (Serum/Biuret)	6.97	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.77	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.52		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	154.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.4	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	46.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	91.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	107.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.




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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 114.02 mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.04	ng/mL	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	8.28	µg/dL	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.



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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	7.60	μIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)

Comment :

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


CLINICAL PATHOLOGY

Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	4 - 5	/hpf	NIL
Epithelial Cells (Urine)	2 - 3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --




Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Age & Gender	39Y/FEMALE	Visit Date	24 Feb 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.1cm
LVID s ... 2.6cm
EF ... 67%
IVS d ... 0.8 cm
IVS s ... 0.7cm
LVPW d ... 0.6cm
LVPW s ... 0.9cm
LA ... 3.1 cm
AO ... 2.6cm
TAPSE ... 26mm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Mitral valve : E: 0.88m/s A: 0.69m/s

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E/A Ratio: 1.28 E/E: 11.61

Aortic valve: AV Jet velocity: 1.58m/s

Tricuspid valve: TV Jet velocity: 1.54m/s

TRPG: 9.48

mmHg.

Pulmonary valve: PV Jet velocity: 1.47m/s

IMPRESSION:

1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.

A handwritten signature in blue ink, appearing to read "S. Manikandan".

Dr. S.MANIKANDANMD.DM.(Cardio)

Cardiologist

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Thanks for your reference
SONOGRAM REPORT
WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder The gall bladder is partially distended with no demonstrable calculus (post prandial status)

Pancreas The pancreas shows a normal configuration and echotexture.
The pancreatic duct is normal.

Spleen The spleen is normal.

Kidneys The right kidney measures 10.3 x 3.6 cm. Normal architecture.
The collecting system is not dilated.
The left kidney measures 10.2 x 4.7 cm. Normal architecture.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic.
The collecting system is not dilated.
There is no intravesical mass or calculus.

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Uterus: The uterus is anteverted, and measures 6.3 x 3.2 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 5.6 mm in thickness.

Ovaries The right ovary measures 2.8 x 2.0 cm.
A follicle measuring about 2 x 2 cm noted in right ovary.
The left ovary not well imaged.

RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION

- No significant abnormality.

DR.T.ANNIE STALIN MBBS.,F.USG.,
SONOLOGIST.

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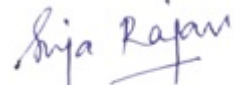
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Age & Gender	39Y/F	Visit Date	Feb 24 2024 10:37AM
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Thanks for your reference
DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Costo and cardiophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissue shadow grossly appears normal.

IMPRESSION:

- i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



Dr.A.Suja Rajan DMRD., DNB.,
Consultant Radiologist