

R



PRAFUL KUMARE Male / 29 YRS

Chest PA

13/11/2021 01:31:43 PM

SHRI DASHABHUJA X-RAY CLINIC. PUNE. 020-25468187.



SHRI DASHABHUJA
X-RAY CLINIC

Digital X-Ray (CR System) Available
OPG Facility Available

GANGAVATARANA, Ground Floor, Plot
No. 7, S. No. 42 A/1A/2F, Dashbhujja
Ganesh Colony, Near Dashbhujja
Ganesh Temple, Next to Mankar Dosa
Center, Karve Road, Pune. 411038.
Clinic : 2546 8187, 8308839383
Res : 2422 1359, 9822041859

Dr. LALIT P. PATHAK

M. D. Radiologist
Reg. No. 52382

Timing : 9.00 a.m. To 1.30 p.m.
4.30 p.m. To 8.30 p.m.
SUNDAY CLOSED

NAME:MR PRAFUL KUMARE.

DATE:13 11 2021.

REF BY:DR VIVEK NADKARNI.

X RAY CHEST PA VIEW.

Both the domes of the diaphragm are clear & at normal position.
The heart, the aorta, the mediastinum & the pulmonary vasculature
reveal no abnormality.

Lungs show no acute or active parenchymal pathology.

Pleural sinuses are clear on both sides.

There is no evidence of any hilar or mediastinal lymphadenopathy.

No pathology is evident in the thoracic bony cage &
the soft tissues.

CONCLUSION:NORMAL X RAY CHEST PA VIEW.

Dr. Lalit P. Pathak
Reg. No. 52382 (Radiology)
Shri Dashabhujja X-Ray Clinic
Near Dashbhujja Ganesh Temple,
Karve Road, Pune - 411 038.

CBCT, OPG & PORTABLE X-RAY FACILITY AVAILABLE

(P.T.O)

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

Linked Median Report

November 13, 2021 11:57 am

Report time : 12:12 pm

PATIENT NAME : Mr Praful Vilas Kumare 29/M

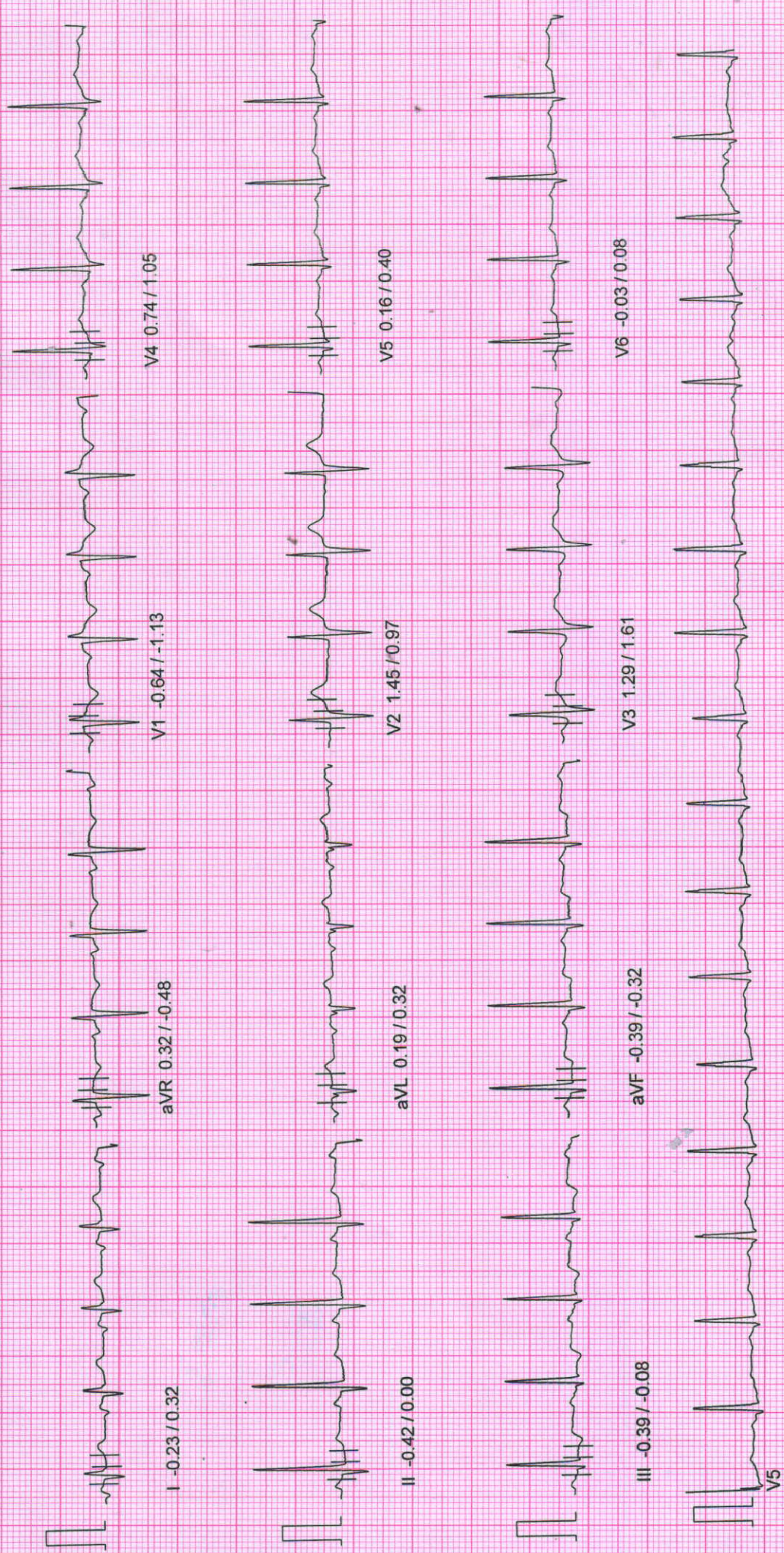
OTOCOL : BRUCE

AGE : Recovery

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07-01
STAGE DURATION : 06:00
HR : 103 bpm
QRS Lead : V5

SPEED: 0.0 kmph
GRADE: 0.0
BP : 130 / 90 mmHg
METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

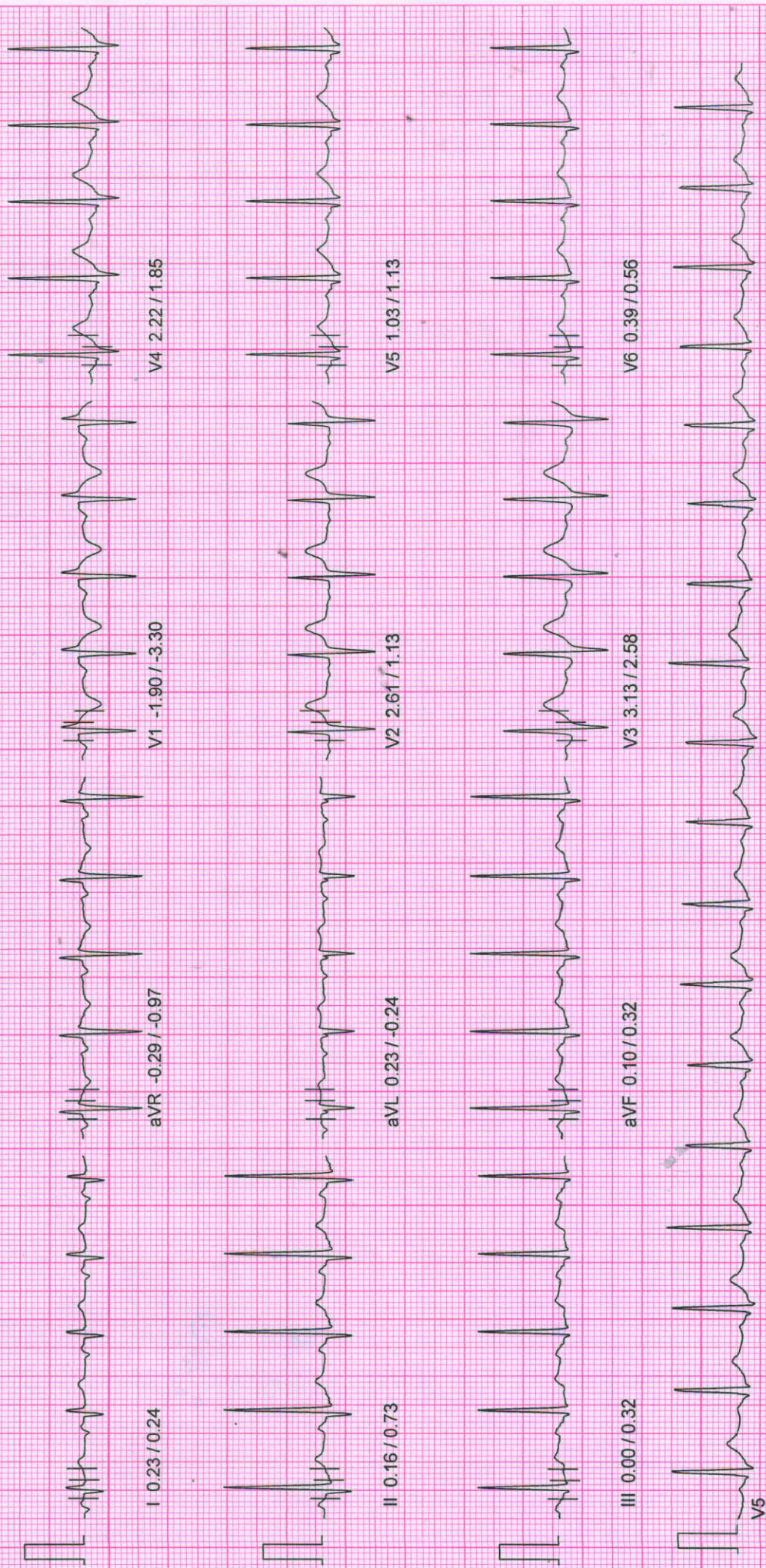
PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mr Praful Vilas Kumare 29/M

November 13, 2021 11:57 am
 Report time : 12:09 pm

Linked Median Report

PHASE TIME	: 07:01	SPEED	: 0.0 kmph
STAGE DURATION	: 03:00	GRADE	: 0.0
HR	: 114 bpm	BP	: 130 / 90 mmHg
QRS Lead	: V5	METS	: 1.00

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am
Report time 12:07 pm

Linked Median Report

WEIGHT : 73.00 Kg

HEIGHT : 168 Cm

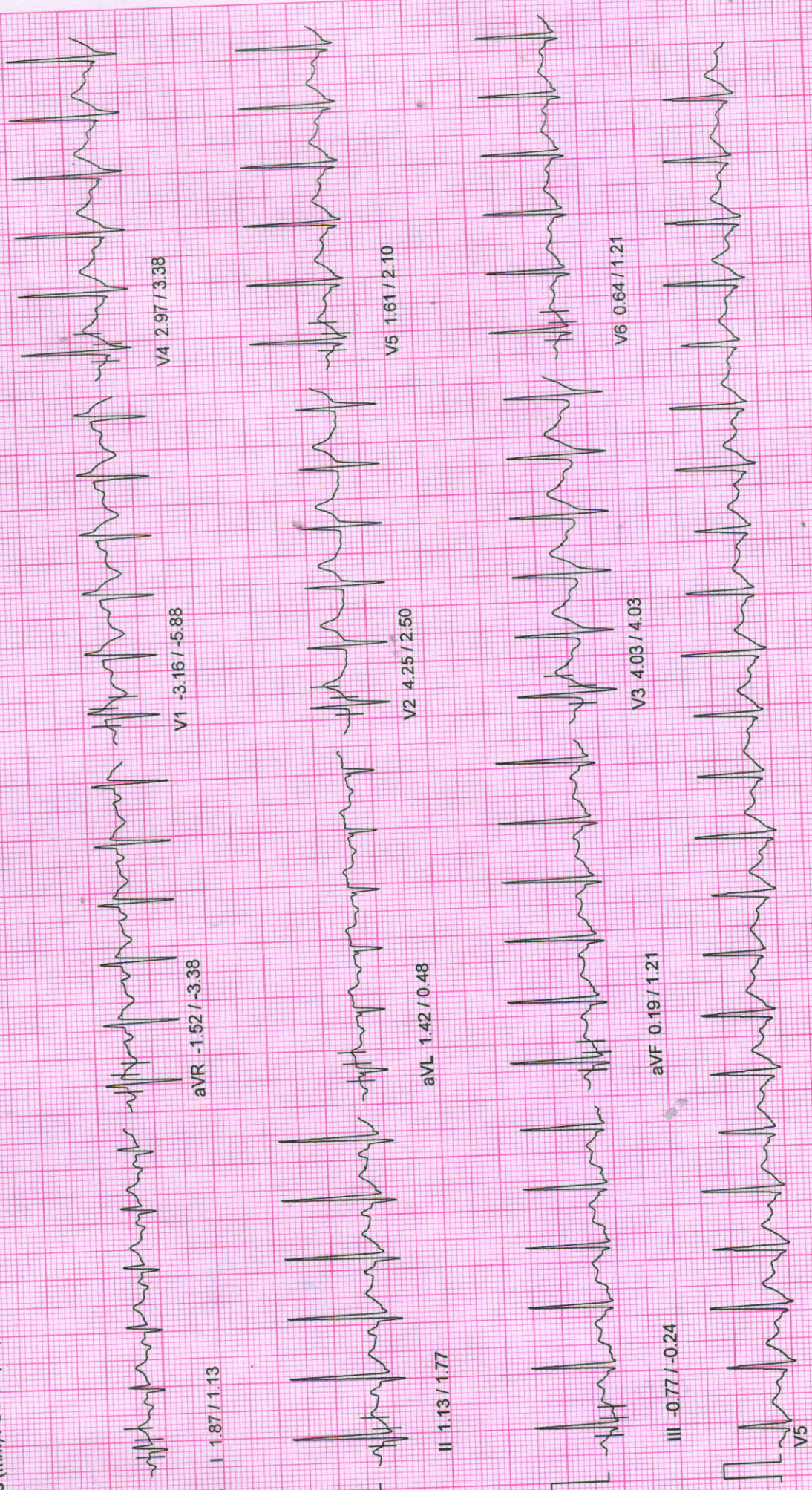
PATIENT NAME : Mr Praful Vilas Kumare 29/M

PROTOCOL : BRUCE

TEST : Recovery

ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07:01
STAGE DURATION : 01:00
HR : 144 bpm
QRS Lead : V5
SPEED : 0.0 kmph
GRADE : 0.0
BP : 140 / 90 mmHg
MEFs : 100



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am
Report time : 12:06 pm

Linked Median Report

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mr Praful Vilas Kumare 29/M

PROTOCOL : BRUCE

STAGE : Peak Exercise

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 07:01

STAGE DURATION : 01:01

HR : 170 bpm

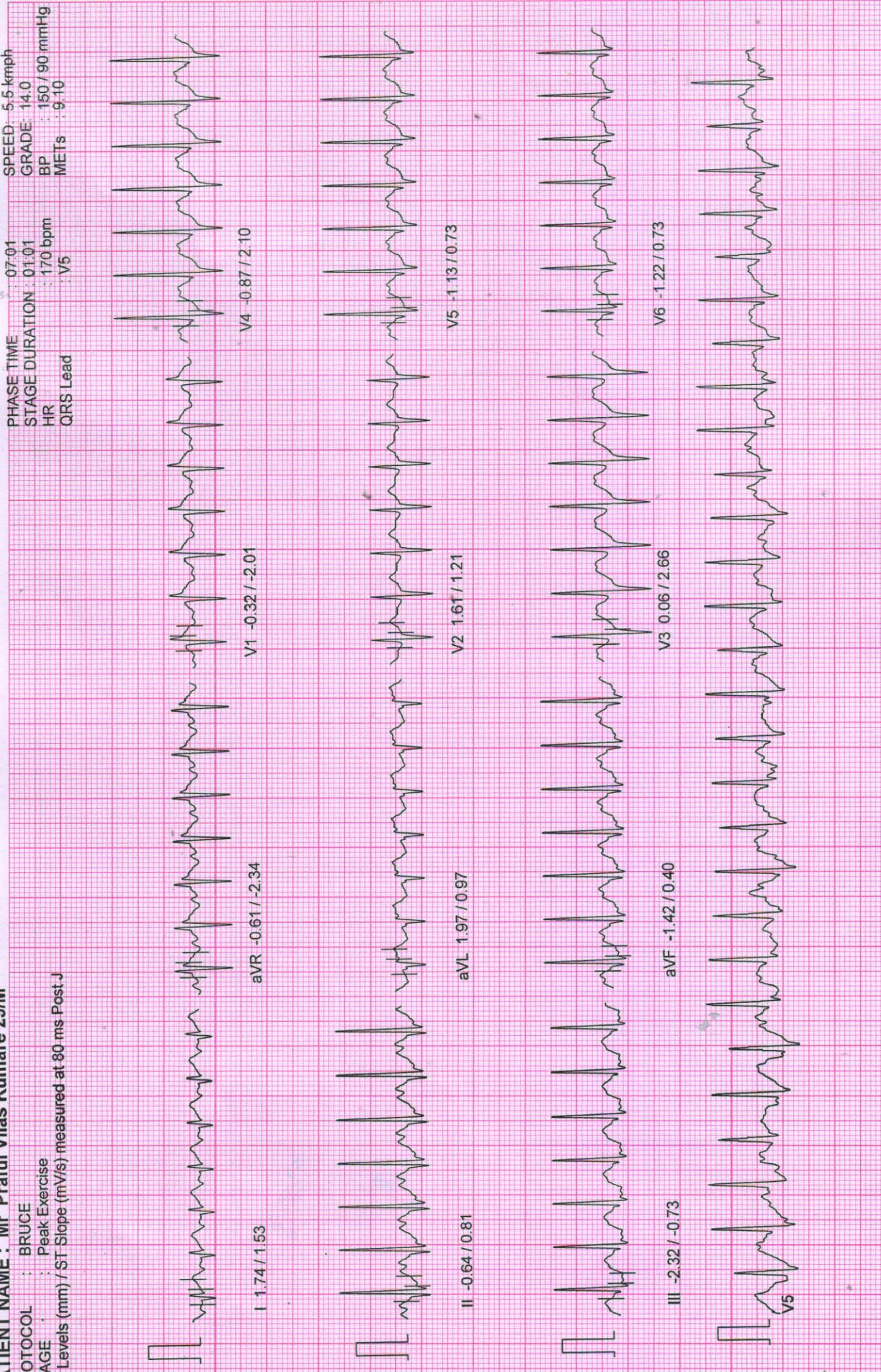
QRS Lead : V5

SPEED : 5.5 kmph

GRADE : 14.0

BP : 150 / 90 mmHg

METs : 9.10



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am
Report time : 12:05 pm

Linked Median Report

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mr Praful Vilas Kumare 29/M

PROTOCOL : BRUCE

AGE : Exercise Stage 2

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:00

STAGE DURATION : 03:00

HR : 152 bpm

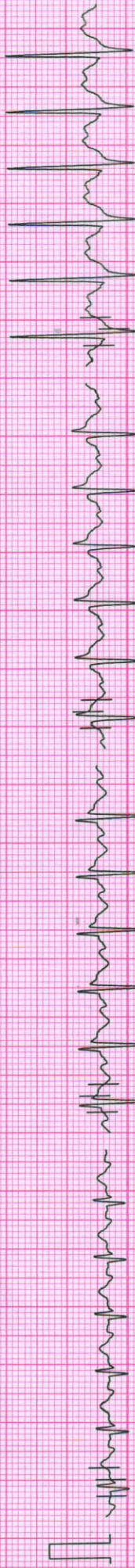
QRS Lead : V5

SPEED: 4.0 kmph

GRADE: 12.0

BP : 140 / 90 mmHg

METS : 8.00



I 1.13 / 0.32

aVR -0.32 / -2.50

V1 -0.29 / -2.26

V4 0.45 / 3.55

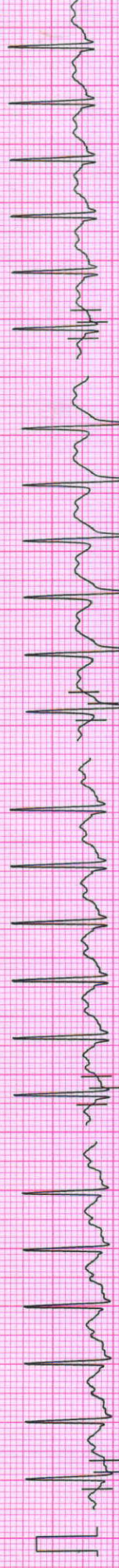


II -0.29 / 2.10

aVL 1.19 / -0.08

V2 1.68 / 0.16

V5 0.03 / 2.26

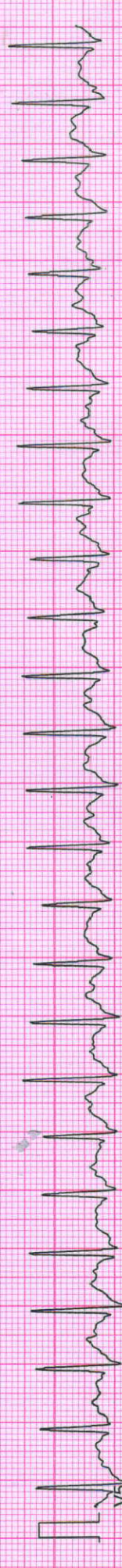


III -1.29 / 0.40

aVF -0.84 / 1.53

V3 1.19 / 4.03

V6 -0.58 / 1.13



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am
Report time : 12:02 pm

Linked Median Report

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

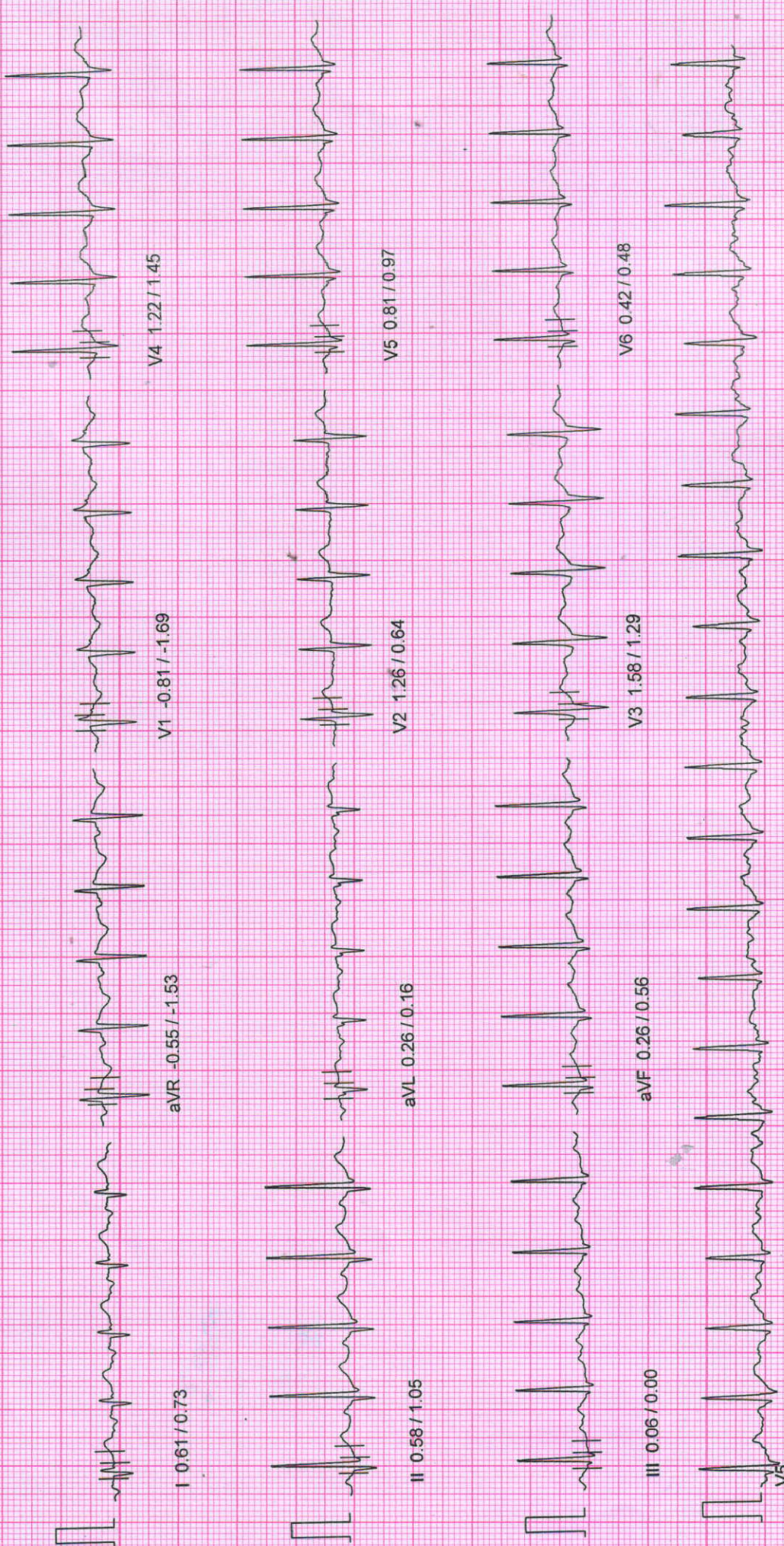
PATIENT NAME : Mr Pratul Vilas Kumare 29/M

PROTOCOL : BRUCE

STAGE : Exercise Stage 1

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 03:00
STAGE DURATION : 03:00
HR : 122 bpm
QRS Lead : V5
SPEED: 2.7 kmph
GRADE: 10.0
BP : 130 / 90 mmHg
METs : 5.70



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am
Report time : 11:59 am

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

Linked Median Report

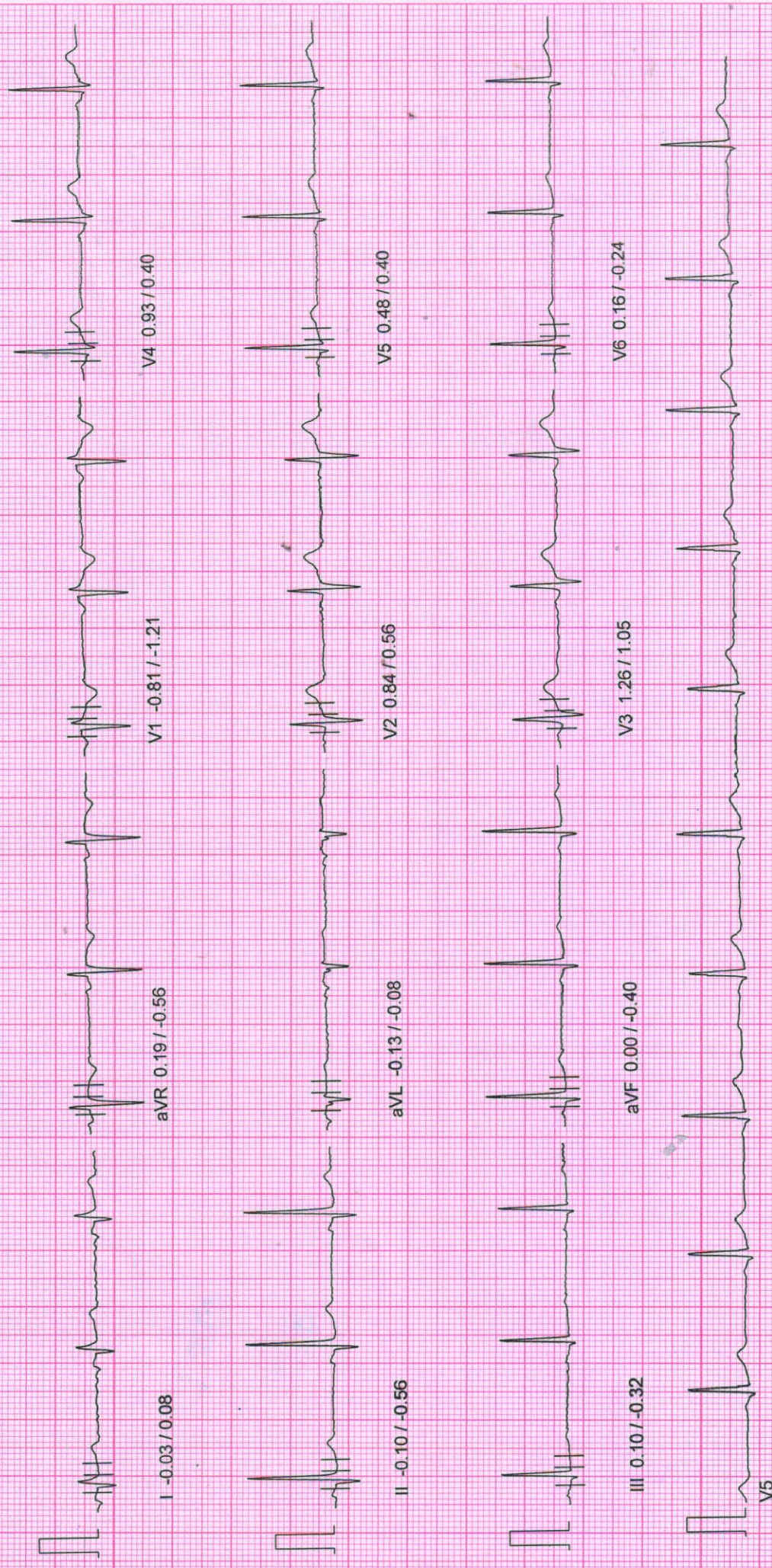
PATIENT NAME : Mr Praful Vilas Kumare 29/M

OTOCOL : BRUCE

AGE : Wait For Exercise

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:32
STAGE DURATION : 00:00
HR : 66 bpm
QRS Lead : V5
SPEED: 0.0 kmph
GRADE: 0.0
BP : 130 / 90 mmHg
METs : 3.40



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

Linked Median Report

November 13, 2021 11:57 am
Report time 11:58 am

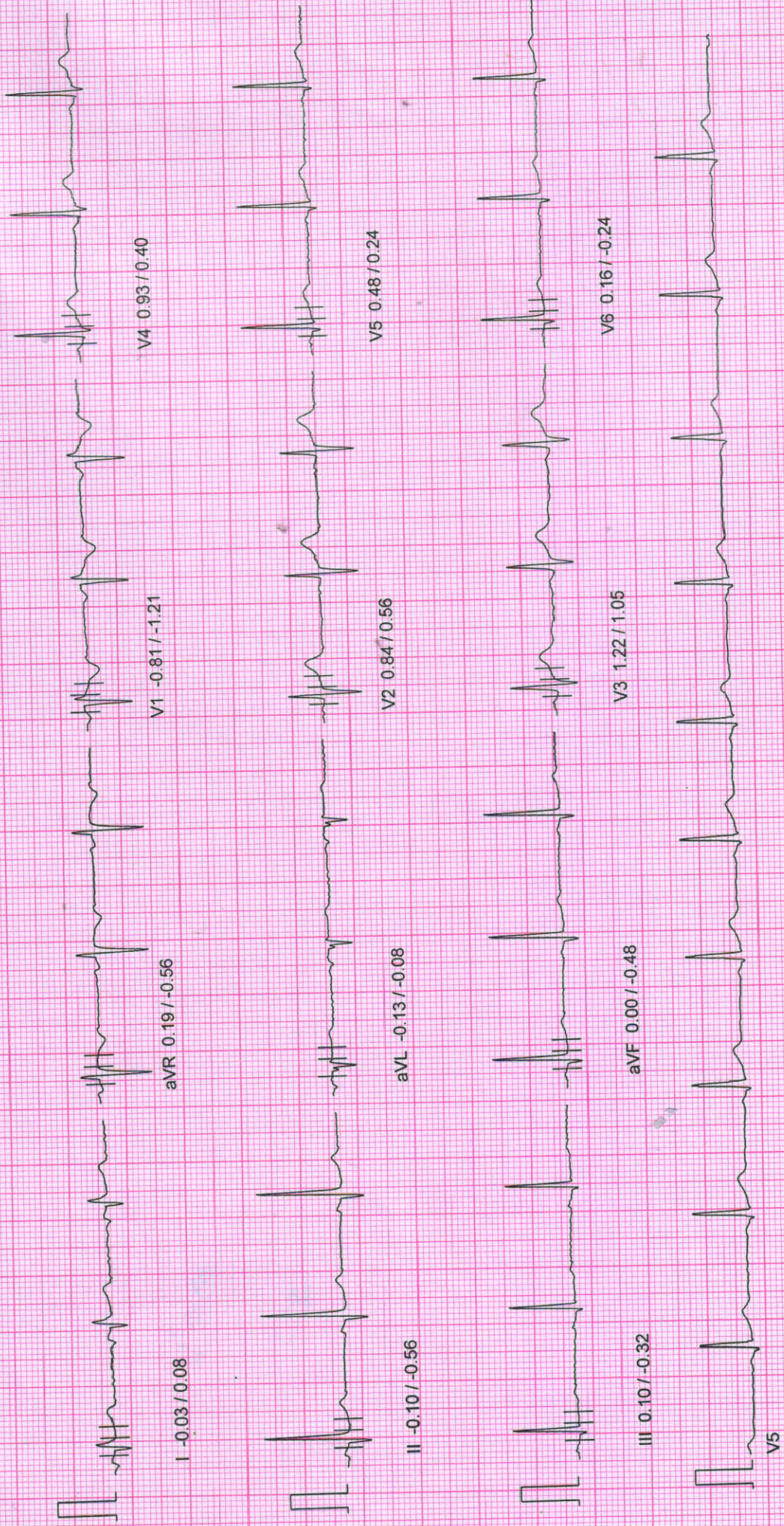
PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mr Praful Vilas Kumare 29/M

PROTOCOL : BRUCE
AGE : HyperVentilation
Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:20
STAGE DURATION : 00:00
HR : 69 bpm
QRS Lead : V5

SPEED: 0.0 kmph
GRADE: 0.0
BP : 130 / 90 mmHg
METs : 1.00



10mm/mv, 25mm/sec

100 HZ

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

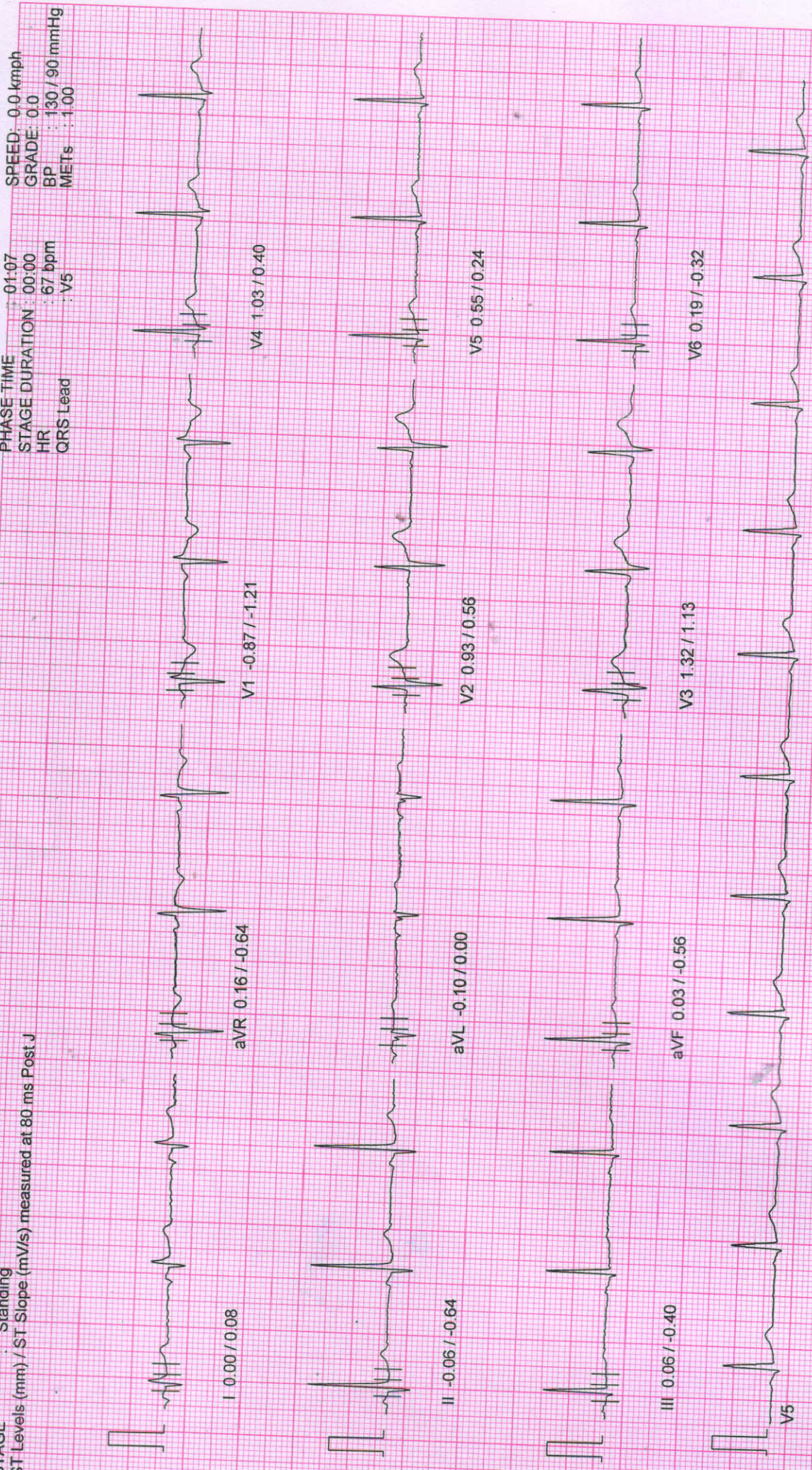
NADKARNI PATHOLOGY LABORATORY

Linked Median Report

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg
PATIENT NAME : Mr Praful Vilas Kumare 29/M

November 13, 2021 11:57 am
Report time : 11:58 am

PHASE TIME : 01:07
STAGE DURATION : 00:00
HR : 67 bpm
QRS Lead : V5
SPEED : 0.0 kmph
GRADE : 0.0
BP : 130 / 90 mmHg
METS : 1.00



10mm/mv, 25mm/sec

100 Hz

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mr Praful Vilas Kumare 29/M

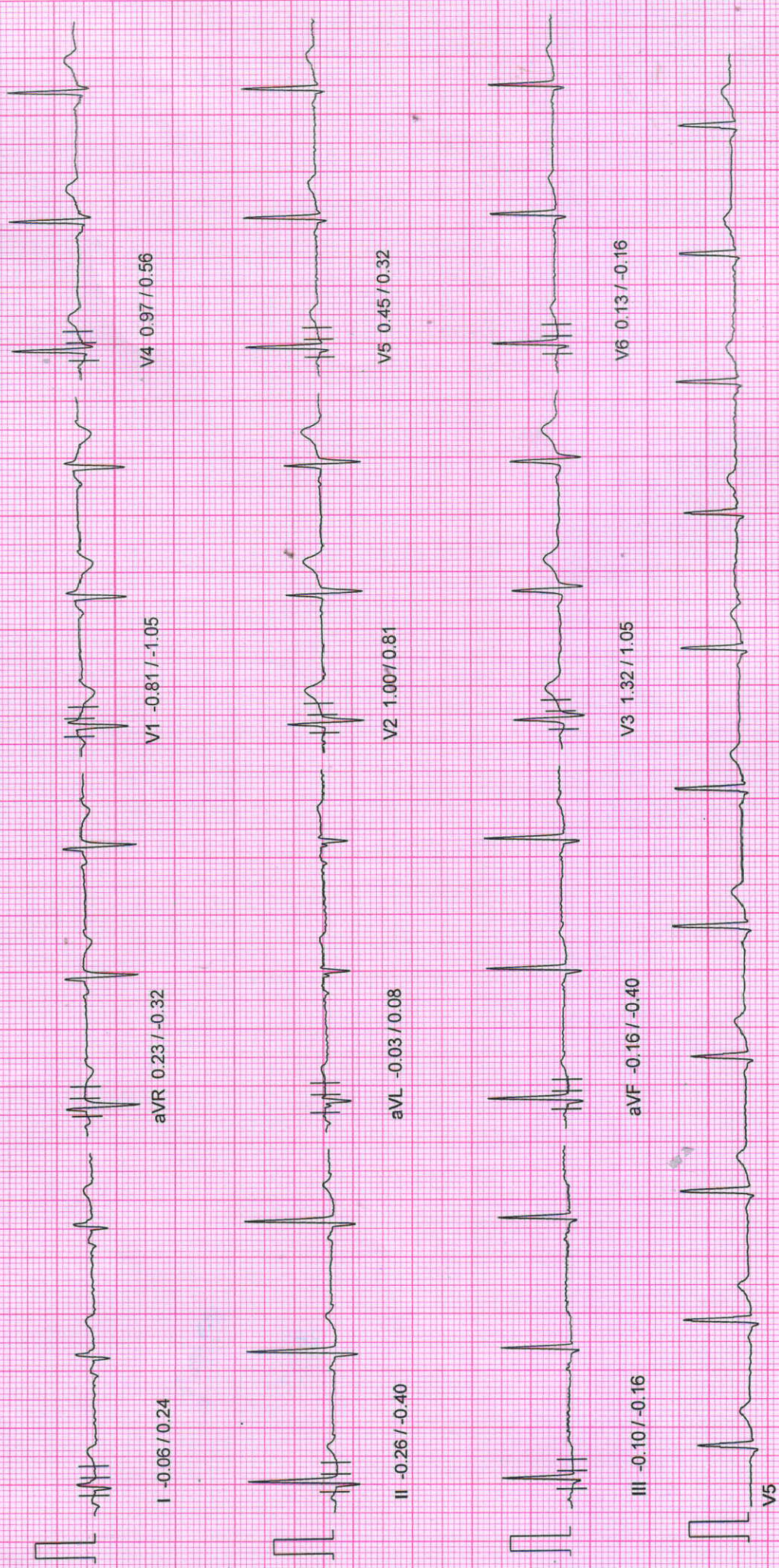
Linked Median Report

November 13, 2021 11:57 am

Report time : 11:58 am

PHASE TIME : 00:41
STAGE DURATION : 00:00
HR : 66 bpm
QRS Lead : V5
SPEED : 0.0 kmph
GRADE : 0.0
BP : 130 / 90 mmHg
MEFs : 1.00

PROTOCOL : BRUCE
TAG : Supine
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



P. Kumare

10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

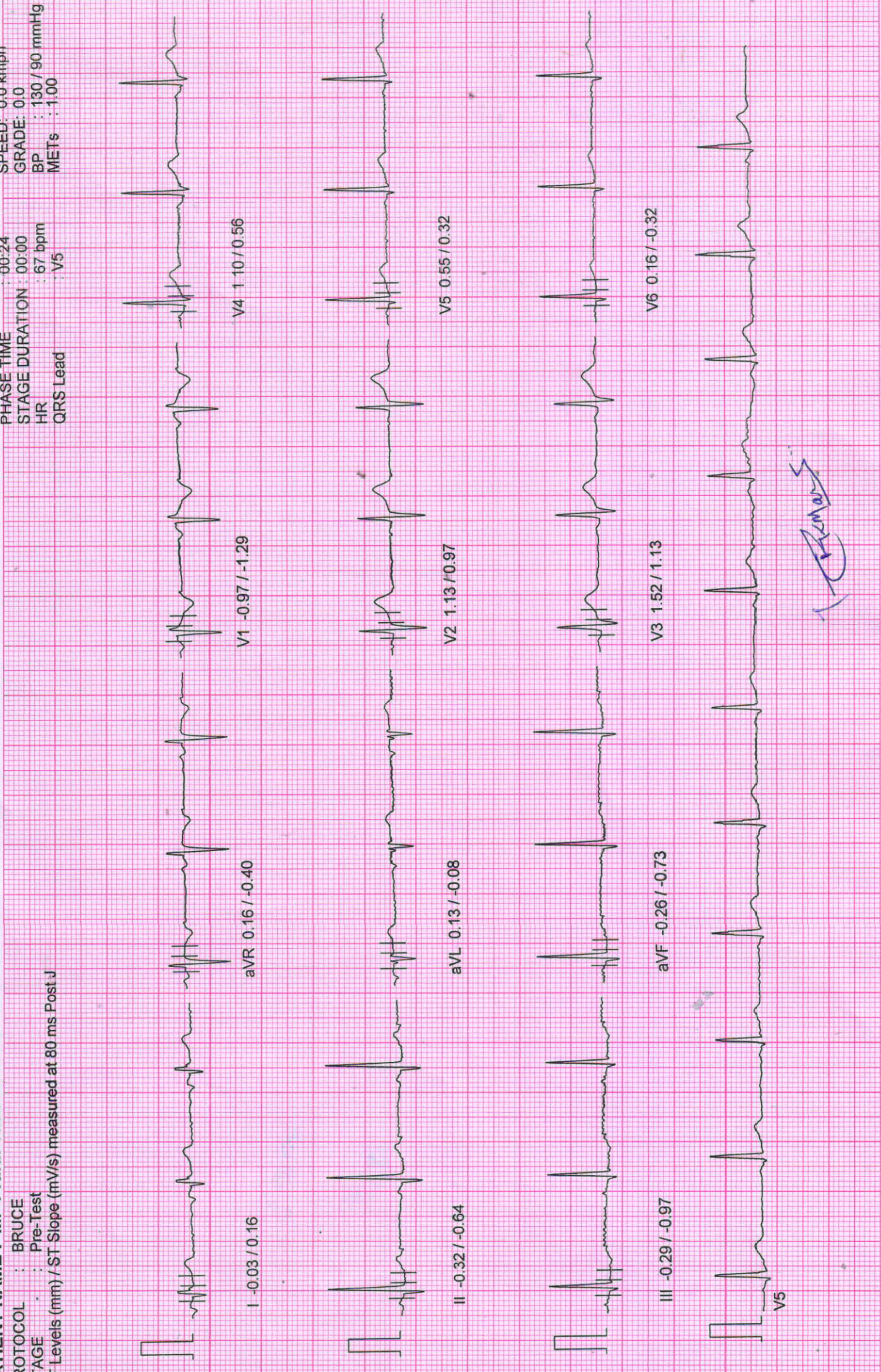
November 13, 2021 11:57 am
Report time : 11:57 am

Linked Median Report

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg
PATIENT NAME : Mr Pratul Vilas Kumare 29/M

PHASE TIME : 00:24
STAGE DURATION : 00:00
HR : 67 bpm
QRS Lead : V5
SPEED: 0.0 kmph
GRADE: 0.0
BP : 130 / 90 mmHg
METs : 1.00

ROTACOL : BRUCE
AGE : Pre-Test
Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

November 13, 2021 11:57 am

Report time : 11:57 am

ST Tables

PATIENT ID : 680/2021 HEIGHT : 168 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mr Praful Vilas Kumare 29/M

PROTOCOL : BRUCE

ST LEVELS

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	-0.0	-0.3	-0.3	0.2	0.1	-0.3	-1.0	1.1	1.5	1.1	0.5	0.2
Supine	-0.1	-0.2	-0.1	0.2	0.1	-0.1	-0.9	1.1	1.5	1.1	0.5	0.2
Standing	0.0	-0.1	0.0	0.2	-0.1	0.0	-0.9	0.9	1.3	1.0	0.5	0.2
HyperVentilation	-0.0	-0.1	0.1	0.2	-0.1	0.0	-0.8	0.8	1.2	0.9	0.5	0.2
Wait For Exercise	-0.0	-0.1	0.1	0.2	-0.1	0.0	-0.8	0.8	1.3	0.9	0.5	0.2
Exercise Stage 1	0.7	0.6	0.0	-0.6	0.3	0.3	-0.9	1.2	1.5	1.3	0.8	0.4
Exercise Stage 2	1.1	-0.1	-1.3	-0.6	1.2	-0.6	-0.4	1.5	1.3	0.7	0.2	-0.2
Peak Exercise	1.8	-0.7	-2.3	-0.6	2.0	-1.5	-0.4	1.7	0.2	-0.7	-1.0	-1.2
Recovery 1	1.9	1.4	-0.4	-1.6	1.2	0.5	-3.3	4.1	4.1	3.3	1.9	0.9
Recovery 3	0.1	-0.0	-0.1	-0.1	0.1	-0.1	-1.3	2.0	2.4	1.6	0.7	0.2
Recovery 6	-0.1	-0.3	-0.3	0.2	0.2	-0.2	-0.7	1.5	1.3	0.8	0.2	-0.1

ST SLOPES

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.2	-0.6	-1.0	-0.4	-0.1	-0.7	-1.3	1.0	1.1	0.6	0.3	-0.3
Supine	0.2	-0.3	-0.2	-0.3	0.2	-0.3	-1.0	0.9	1.0	0.6	0.3	-0.2
Standing	0.1	-0.5	-0.3	-0.6	0.0	-0.5	-1.2	0.6	1.1	0.4	0.2	-0.3
HyperVentilation	0.1	-0.6	-0.3	-0.6	-0.1	-0.5	-1.2	0.6	1.0	0.4	0.2	-0.2
Wait For Exercise	0.1	-0.6	-0.3	-0.6	-0.1	-0.4	-1.2	0.6	1.0	0.4	0.4	-0.2
Exercise Stage 1	0.4	1.0	-0.3	-1.9	-0.2	0.5	-2.0	0.4	1.3	1.5	1.0	0.3
Exercise Stage 2	0.2	1.2	0.3	-3.1	-0.3	1.0	-2.3	0.7	3.2	2.7	1.5	0.8
Peak Exercise	1.7	0.9	-0.8	-2.3	1.1	0.6	-2.3	1.0	2.6	2.0	1.1	0.7
Recovery 1	1.3	2.1	0.4	-3.3	0.4	1.3	-5.9	2.7	4.2	3.5	2.3	1.5
Recovery 3	0.3	0.8	0.5	-1.0	-0.2	0.6	-2.6	1.2	3.6	2.6	1.5	0.8
Recovery 6	0.4	0.0	-0.2	-0.5	0.3	-0.2	-1.1	0.9	1.6	1.0	0.4	0.1

NADKARNI PATHOLOGY LABORATORY

Indraprastha chamber, ground floor, karve road, PUNE-411038

Report time : 11:57 am
November 13, 2021 11:57 am

Summary Report

PATIENT ID : 680/2021
PATIENT NAME : Mr Praful Vilas Kumare 29/M

Ref. By : Not Applicable
(Not Applicable)

Quantum Corp Health

PROTOCOL : BRUCE
PATIENT HEIGHT : 168 Cm
PATIENT WEIGHT : 73.00 Kg
PATIENT ADD. : pune


Stage	Stage Speed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.P. X 1000	METS	ST Level I	Stage Comments
Pre-Test	00:24 0.00 / 0.00	67	130 / 90	8	1.00	-0.03	
Supine	00:17 0.00 / 0.00	66	130 / 90	8	1.00	-0.06	
Standing	00:25 0.00 / 0.00	67	130 / 90	8	1.00	0.00	
HyperVentilation	00:12 0.00 / 0.00	69	130 / 90	8	1.00	-0.03	
Wait For Exercise	00:12 0.00 / 0.00	66	130 / 90	8	1.00	-0.03	
Exercise Stage 1	03:00 2.70 / 10.00	122	130 / 90	15	5.70	0.68	
Exercise Stage 2	03:00 4.00 / 12.00	152	140 / 90	21	8.00	1.13	
Peak Exercise	01:01 5.50 / 14.00	170	150 / 90	25	9.10	1.77	
Recovery 1	01:00 0.00 / 0.00	144	140 / 90	20	1.00	1.93	
Recovery 3	03:00 0.00 / 0.00	114	130 / 90	14	1.00	0.10	
Recovery 6	06:00 0.00 / 0.00	103	130 / 90	13	1.00	-0.10	

MAX HR : 173 bpm (90.58 % of 191 bpm) MAX BP : 150 / 90 mmHg
DOUBLE PRODUCT : 25950.00

DISTANCE COVERED : 0.43 Km

Dr. Vivekanand M. Nadkarni
M.B.S., D.T.M. & H. (Gen.) F.C.P.P., M.D.S.H.
MMC Reg. No. 42322

Physician
Health Care Clinic
Vatun Complex, Kulkarni Marg, Wadgaon,
Pune-411038.



Dr. VIVEKANAND M. NADKARNI
M.B.S., D.T.M. & H.

TOTAL EXER TIME : 7 : 1 min

MAX WORKLOAD : 9.10

NADKARNI PATHOLOGY LABORATORY

Indraprastha chember, ground floor, karve road, PUNE-411038

Report time : 11:57 am
November 13, 2021 11:57 am

Summary Report

PATIENT ID : 680/2021
PATIENT NAME : Mr Praful Vilas Kumate 29/M

PROTOCOL : BRUCE
PATIENT HEIGHT : 168 Cm
PATIENT WEIGHT : 73.00 Kg
PATIENT ADD. : pune

OBJECT OF TEST : Routine check up
RISK FACTOR : Male
ACTIVITY : Sedentary
MEDICATION : none
BRIEF HISTORY : job profile service

OTHER INVESTIGATION :
REASON FOR TERMINATION : Max HR
EXERCISE TOLERANCE : Good
EXERCISE INDUCED ARRHYTHMIA : No
HAEMO RESPONSE : Normal
CHRONO RESPONSE : Normal
FINAL IMPRESSION : Stress test is negative for exercise induced Ischaemic heart disease.
Good Effort tolerance
No Arrhythmias seen during test period,
Normal Haemodynamic and Chronotropic responses.

Ref. By : Not Applicable
(Not Applicable)

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Lon.), F.C.P., M.M.S.H
NIMC Reg. No. 42322

Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, ~~Wardha~~
Pune-411 038.

DR. VIVEKANAND M. NADKARNI
M.B.B.S., D.T.M. & H.

CLINICAL HISTORY:

RATE: 60/min

RHYTHM: regular

MECHANISM: Sinus

P WAVE: 0.06 sec

P R: 0.12 sec

QRS: Normal time of deflection

QTc: 0.37 sec

CONCLUSIONS: Normal ECG

ST: isoelectric

T WAVE: Normal up-
-right

Q WAVE: No abnormal
Q wave

AXIS: +47 degrees

POSITION OF HEART: Inverted-
-iabe

PRECARDIAL LEADS: Normal
R. Progenia

B.P.: 130/90 mmHg

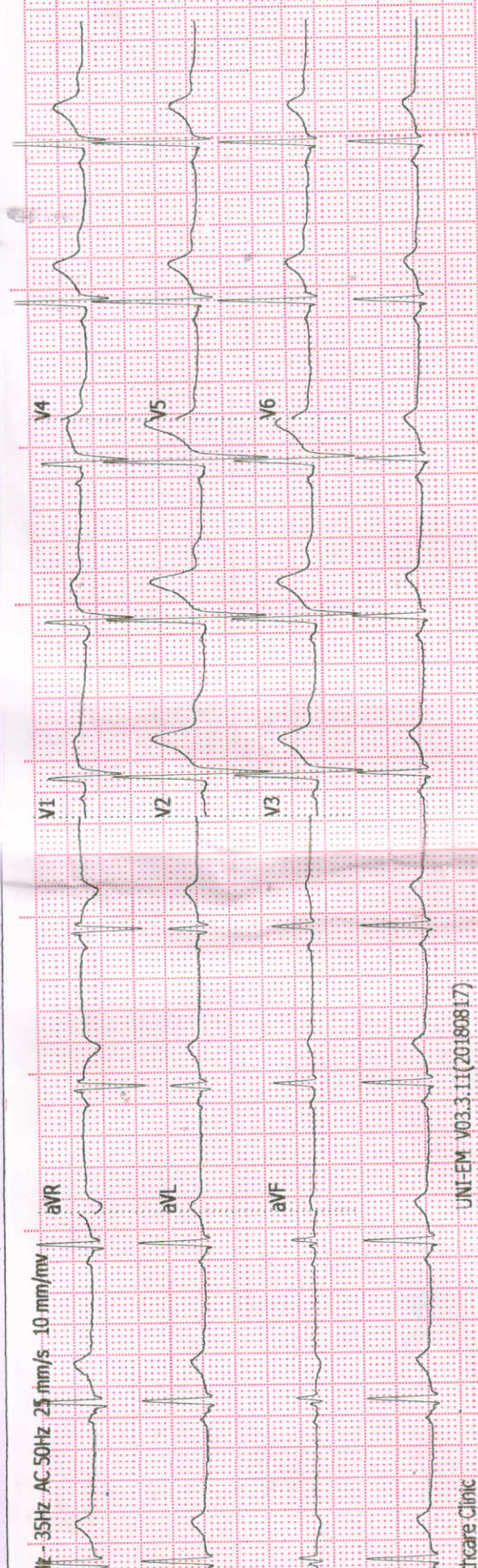
DRUGS:

[Signature]
Client's Signature

[Signature]
Doctor's Signature

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Gen.), F.C.P.P., M.D.S.H
MMC Reg No. 42322
Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, Kothrud,
Pune-411 038.

I II III aVR aVL aVF



70bpm - 35Hz AC 50Hz 25 mm/s 10 mm/mv

UNI-EM_V03.3.11(20180817)

Healthcare Clinic

0.67Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv ID: Name: KUMARE,

Name: KUMARE, PRAFUL Sex: Male

35Hz AC 50Hz 25 mm/s 10 mm/mv ID:

Name: KUMARE, PRAFUL Sex: Male



aVF

UNI-EM_V03.3.11(20180817)

Healthcare Clinic

UNI-EM_V03.3.11(20180817)

Healthcare Clinic

ID:

Name: KUMARE, PRAFUL

Age: 29yrs

Sex: Male

13-11-2021 11:19:08 AM

► *Health Care Clinic*
Varun Complex, Office No. 1,
Near Swapnashilp Complex, Kothrud, Pune 411038.
Timing : 10.30 a.m. to 1.00 p.m.
4.30 pm to 6 pm (By Appt.)
Tel : 65003646, 2545 7347

► *Health Care Clinic*
7/1, Anand Nagar, Paud Road,
Kothrud, Pune 411038.
Timing : 9 a.m. to 10.30 a.m. & 6.00 p.m. to 8.30 p.m.
Tel. : 65003650 Mob.: 9970171939
E-mail : nadviv@yahoo.com

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon), FCGP, MIOSH (U.K.)

MMC Reg. No. 42322

Physician

- Family Medicine
- Tropical Medicine
- Occupational Health
- ACLS Instructor

DATE 13/11/21

ELECTROCARDIOGRAM

NAME Pratful Kumare AGE 29/m

REF. BY Mediwheel () B.P. 130/90 mmHg

Feedback – Pre Policy Life Insurance Medical Checks

HEALTH CARE CLINIC
NADKARNI LABORATORY

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at _____ / Home Visit on DD/MM/YYYY to complete the requisite medical formalities towards my application for life insurance from Insurance Company vide Proposal Form bearing no _____ dated 13/11/2021

I do confirm specifically that the following medical activities have been performed for me:
 Varun Complex, of Kalyan Road, Kothrud, Pune-411 004

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

5. Others USG, Pancreas - BTUPR4865M

I have furnished my ID Proof bearing ID No. _____ at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management Good Average Poor
- Upkeep of hospital Good Average Poor
- Technology & Skills Good Average Poor
- Please remark if the medical check procedure was satisfactory Yes No

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

• If No please provide details or let us know of anything additional you would like to provide as comments and / or suggestions

.....

<p>Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <p style="text-align: center;"><u>Prakash</u></p> <p>Name of the Life to be Insured with date (Proposer (in case of Life insured being minor))</p> <p style="text-align: center;"><u>Prakash Kumare</u></p>	<p>Signature of Visiting/Attending Doctor</p> <p style="text-align: center;"><u>Madhoo</u></p> <p>Name of Visiting/Attending Doctor</p> <p style="text-align: center;">Dr. Vivekanand M. Nadkarni M.B.B.S., D.T.M. & H. (Lon.), FCO, ICSH MC Registration No. _____ NMC Reg. No. 42322 Physician Health Care Clinic</p> <p>Doctor Stamp and date</p>
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Varun Complex, Kulkarni Marg, Kothrud, Pune-411 033.

Wadkar

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon.), F.C.P., M.D.S.H

MMC Reg.No.42322

Physician

Health Care Clinic

Varun Complex, Kulkarni Marg, Kothrud,

Pune-411 038.

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BTUPK4865M

नाम / Name
PRAFUL VILAS KUMARE

पिता का नाम / Father's Name
VILAS RAMRAO KUMARE

जन्म की तारीख / Date of Birth
28/06/1991

Pramod

हस्ताक्षर / Signature

18082017



1. Height Cms	2. Weight Kg	3. Build		4. Pulse	5. Blood Pressure
168 cm	72.6 kg	Normal	V.	60/min	130/90 mm Hg
		Under weight			
		Over weight			

6. Visual Acuity Whether he/she falls in the category of visually impaired

Eye	Near Vision	Far Vision	Color Vision	Dental / Oral Hygiene
Right	Normal	-0.5	Normal	Normal
Left	Normal	-0.5	Normal	

7. General examination findings Including Skin: *Clinically Normal*

8. Complete Blood Picture:

9. Urine Examination:

10. Diabetes Profile (if in Package):

11. Lipid / Kidney / Liver Profile (if in Package):

12. Respiratory Tract (Chest X Ray/PFT):

13. Cardiac Risk Profile (ECG/TMT/2D ECHO):

14. In case of Females :	Last menstrual cycle date		
	Any evidence of pregnancy	Yes (if yes then duration)	No

FITNESS

<u>Fit</u>	<i>Fit</i>
Recommendations (If Any)	Test
	When to DO
	Reason
	Advice / Medicine
Unfit with recommendation	Test
	When to DO
	Reasons
	Advice / Medicine

Place	<i>Pune</i>	Physician's Name, Qualification & Signature (With Stamp)
Date	<i>13/12/21</i>	

Dr. Vivekanand M. Nadkarni
 M.B.B.S., D.T.M. & H. (Lon.), F.C.P., M.D.S.
 MMC Reg. No. 42322
 Physician
Health Care Clinic
 Varun Complex, Kulkarni Marg, Kothrud,
 Pune-411 008.

Health Care Clinic

Declaration Form

Name	Poofulla Vilas Kumare		
Date of Birth	28/6/1991	Gender	Male
Marital status	Single / Married <input checked="" type="checkbox"/>	Contact No	8275714770
1. Are you suffering from any active disease or any abnormal health condition, infectious/communicable disease, Heart disease, Diabetes, High blood pressure, Cancer, any other chronic disease/disorder, genetic disease or disorder?	NO		
2. In past did you had any major illness /disease, abnormal health condition, surgery, accident, fracture, long term treatment/medication/hospitalization for any illness, Tuberculosis, Cancer, Cerebral vascular disease/disorder?	NO		
3. Do you have any known allergic condition like-Drug allergy, Chronic skin allergy, respiratory allergy (e.g.-Asthma etc), Allergy with any chemicals, Dust, pollens etc.	Dust Allergy, Weather change allergy.		
4. Do you have any physical disability/deficiency/deformity in body? (by birth or due to any disease/accidental injury)	NO		
5. Do you have any mental health issues at present- like Anxiety, Depression, Psychosis, Sezophrenia etc.? Have you been ever treated for any mental illness/disorder, nervous disorder and other conditions as mentioned above in past.	NO		
6. Do you have any family history of (Parents, Siblings/grandparents) -Heart disease, Brain stroke, Diabetes, High Blood pressure, Cancer, any genetic disease or disorder?	Father - DM - 10ys - On Medicine Mother - HT - 10ys - On medicine		
7. Do you have any family history of any mental illness/disorders as mentioned in S.N.-5.	NO		
8. Mention any other abnormal health condition/disease/disorder you had in past or present which is not mentioned in above questions.	NO		
9. Have you ever had any Surgery /operation or been advised for surgery?	NO		
10. Have you ever been hospitalized?	NO		
11. Do you have to get up more than once a night to pass urine?	NO		
12. Have you been treated for kidney disease or kidney stone in the past?	NO		
13. Are you currently taking any medication for any health issues or has been advised for taking any long term medication in past.	Tab. Monast LC. for Allergy.		
14. Have you ever coughed up blood?	NO		
15. FOR MEN ONLY - Have you ever been treated for prostate gland trouble?	NO		
16. FOR WOMEN ONLY - Have you noticed any bleeding between menstrual periods?	NA		
17. Are/were your periods irregular?	NA		
18. Are you pregnant now?	NA		
19. Have you had your change of life (menopause)? if so have you had any discharge or bleeding since your periods stopped?	NA		
20. Are you taking birth control pills?	NA		
21. Any history of epileptic seizure/ Vertigo /fear of height. If yes then the date of last seizure/episode	NO		
22. Do you have a lump in your breast?	NA		
23. Are you medically insured?	Yes. Medibuddy Insurance		
If Answer to any of the above is "Yes", please furnish the details			
Declaration : 1. I the undersigned accept that all the information provided by me is true and the medical center or the company is not liable medicolegally for the same. 2. I agree to get my blood test done for HIV/ HBSAg antibodies. 3. I understand that my results/reports will be shared with the concerned HR. I the undersigned give my consent for the same.			
Signature of Candidate	