



Mediwheel
...Your wellness partner

011-

41195959 Email:wellness@mediwheel.in

Dear **Amar Jyoti Hospital,**

City : Begusarai . **Address :** Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134.

We have received the confirmation for the following booking .

Name : Nikunj Kumari

Age : 35

Gender : Male

Package Name: Medi-Wheel Full Body Health Checkup Female Below 40

Contact Details : 8758312256

Booking Date : 04-08-2023

Appointment Date : 12-08-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Nikunj Kumari	29	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40 - Includes (37)Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

संबोधित: अशोक कुमार सिंह,
गली निशा पथ, अभिलाषा
भवन के पास, लालू चक
अंगारी, जगदीशपुर,
भागलपुर,
बिहार - 812001

Address:

D/O: Ashok Kumar Singh, gali nisha
path, near abhilasha bhavan, lala
chak angari, Jagdishpur, Bhagalpur,
Bihar - 812001

4099 0594 6142



भारत सरकार
GOVERNMENT OF INDIA



निकुंज कुमारी
Nikunj Kumari
जन्म तिथि/ DOB: 22/01/1997
महिला / FEMALE



4099 0594 6142

Nikunj Kumari

8780791314

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 type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input 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 b. Weight Blood Pressure mmhg

Chest measurements: a. Normal b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray ECG

Complete Blood Count Urine routine

Serum cholesterol Blood sugar

Blood Group S.Creatinine

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 : 12/08/2025

WAR JYOTI HOSPITAL
Dr. Ravi Raj
M.B.B.S
Reg. No. - 65108
 Signature of Medical Adviser

Eye Examination Report

Candidate Name: NIKUNJ KUMAR

Age/ Gender: 29/F


Date: 12/08/23

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

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<u>6/6</u>	L	<u>6/6</u>	<u>NORMAL</u>

Doctor Signature:

Doctor Stamp


AMAR JYOTI HOSPITAL
Dr. Chandra Shekhar Kumar
M.B.B.S. MD (OPHTHALMOOLOGY)
REG. No.- 41209

Nikunj kumari

12.08.2023 2:46:52
Amar jyoti Hospital, Beusarai

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

Room:

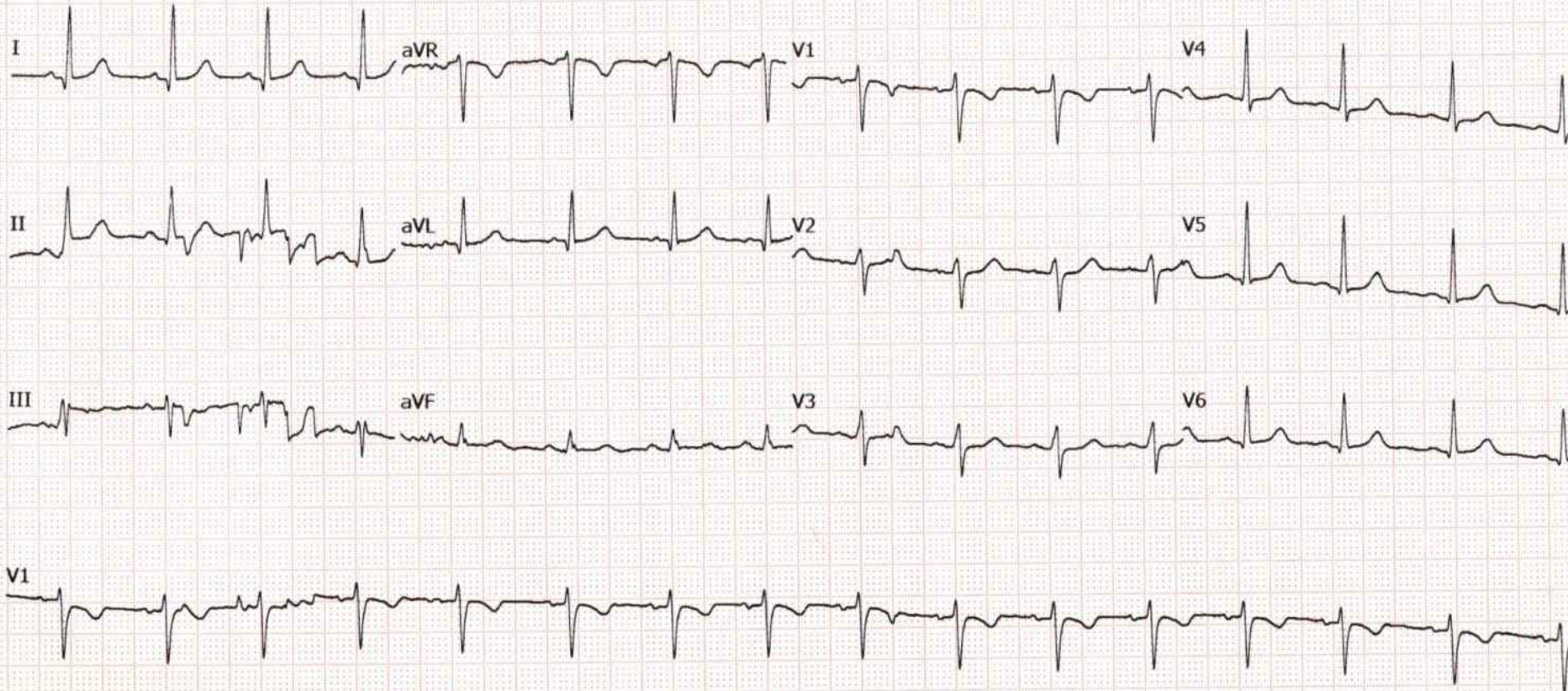
95 bpm
-- / -- mmHg

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 346 / 434 ms
PR : 136 ms
P : 98 ms
RR / PP : 634 / 631 ms
P / QRS / T : 55 / 18 / 20 degrees

Normal sinus rhythm
Normal ECG



DR. SASHIBHUSHAN

M.D. Pathologist (BHU)

Reg. No. : 52269

MD. SHAHNAWAZKHAN

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:- NIKUNJ KUMARI

Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex F Age: 28 Y

Haematological Test Report

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Complete Blood Count			
Haemoglobin	10.0	gm %	12.5-16.4
WBC Count			
Total WBC Count	7400	/cumm	4000-11000
Differential Count			
Neutrophil	61	%	40-70
Lymphocyte	34	%	20-40
Eosinophil	04	%	01-09
Monocyte	01	%	02-10
Basophil	00	%	00-05
RBC Indices			
R.B.C.Count	4.37	mil./cumm	3.9-5.6
Haematocrit (PCV)	28.5	%	36-47
MCV	65.1	fL	75-96
MCH	20.6	pg	27-32
MCHC	31.7	gm/dl	30-36
Platelet Indices			
Platelet Count	1,99,000	/cumm	150000-400000
ESR	15	mm/1 st hr.	00-15

*** End of report***



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Sex F Age:28 Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
B.Urea	27.0	mg/dl	17-45
S.Creatinine	0.8	mg/dl	0.6-1.4
S.Uric Acid	6.3	mg/dl	2.5-7.0
S.Sodium	141	m mpl/L	135-155
S.Potassium	4.1	m mpl/L	3.5-5.5
S.Cholride	99.0	meq/L	97-109
S.Calcium	8.2	mg%	8.5-10.5

End of report



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LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S.Bilirubin			
Total	1.0	mg/dl	up to 1.2
Conjugate	0.3	mg/dl	up to 0.4
Unconjugate	0.7	mg/dl	up to 0.8
SGPT	54.0	U/L	up to 40
SGOT	59.0	U/L	up to 38
Alkaline Phosphatase	161	U/L	37-167
S.Protein			
Total	6.2	gm%	6.0-8.0
Albumin	4.0	gm%	3.7-5.3
Globulin	2.2	gm%	1.5-3.5
A/G Ratio	1.81		1.0-2.0

End of report



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Sex F Age:28 Y

LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Triglyceride	120	mg%DI	10-170
Total Cholesterol	160	mg%dL	130-200
H.D.L. Cholesterol	42	mg%dL	40-75
L.D.H. Cholesterol	118	mg%dL	80-120
TC/HDL Cholesterol	3.80	Ratio	3.0-5.0
LDL/HDL	2.80	Ratio	1.5-3.5
V.L.D.L Cholesterol	24	mg%dL	07-30

*** End of report***



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Sex F Age:28 Y

Report on Blood Examination

<u>TES</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Blood Group Rh	'O' Positive		
HbA1c(HPLC)	4.92	%	5.7-6.4
Average Blood Glucose(ABG):	119.28	mg/Dl	90-120

End of report



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Sex F Age:28 Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Fasting Blood Sugar	81.0	mg/dl	70-110
2Hrs After Lunch (PP)	95.0	mg/dl	80-140

End of report



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Sex F Age:28 Y

Report on Blood Examination

TEST	RESULT	UNIT	REFERENCE RANG
TSH	3.12	μIU/mL	0.35-4.94

End of report



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Date: 12/08/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex F Age:28 Y

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 SAL : Absent

KETONE BODIES: Absent

MICROSCOPIC EXAMINATION:

EPITHELIAL CELL: 0-2/hpf

PUS CELL : 2-4/hpf

CASTS : Absent

BACTERIA : Absent

RBC : Absent

Crystals : Absent

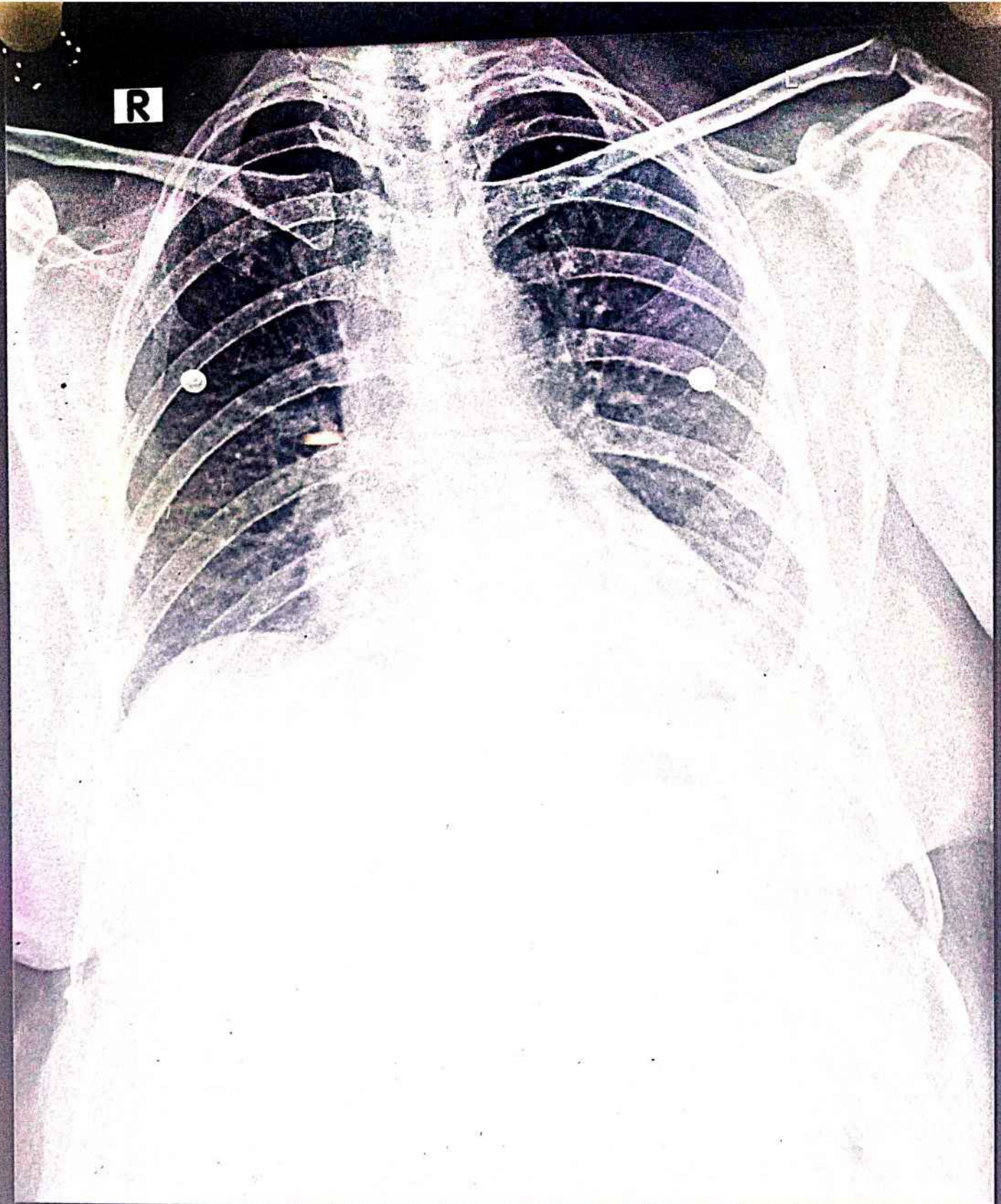
YEAST: Absent

TRICHOMONAS: Absent

*** End of report***



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.



**NIKUNJ KUMARI 28Y DR AMAR JYOTI HOSPITAL 12.08.2023.A.09
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**