


Name : Mrs. P ROHINI Address : ecity Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 32 Y Sex: F	UHID: CELE.0000130448  <small>* CELE . 0 0 0 0 1 3 0 4 4 8 *</small> OP Number: CELEOPV344020 Bill No : CELE-OCR-55877 Date : 17.03.2024 09:32
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRNFERASE (GGT)	
2	2D ECHO — 11	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING — 12	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION — 16	
7	DIET CONSULTATION — with physician	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG — 13	
12	LBC PAP TEST- PAPSURE — 16 DR. KRISHNA SHAW	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION — 15/20	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA — 9	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN — 1	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN —	
25	ULTRASOUND - WHOLE ABDOMEN — 8	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

MEDICAL FITNESS CERTIFICATE

NAME: Rohini **AGE/SEX:** 32/F **UHD:** **DATE:**

CHIEF COMPLAINTS:

—

PAST/FAMILY HISTORY:-

H/o DM, thyroid, hypertension

ALLERGIES:-

No allergies.

GENERAL EXAMINATION:-

PULSE: 80	BP: 130/83	TEMP:	RR:
HT: 161	WT: 71.1	WAIST: 93	BMI: 27.4

SYSTEMIC EXAMINATION:-

96

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>	6/24	6/24	
<u>NEAR</u>	N/A	N/A	
<u>COLOUR</u>	(N)	(N)	

Correction

BE = -1.00DSp -2.75DC 180

Pg. 6/P N6
6/P N6

Chest: S1S2 (+) MURBS

CVS: S1S2 (+)

P/A: Soft non tender.

IMPRESSION:-

fit

FINAL RECOMMENDATIONS:-

physically fit for duty.

GENERAL PHYSICIAN

Personal Details
UHID: 00XHEIPU6TN0T2X
PatientID: 130448
Name: MRS P ROHINI
Age: 32
Gender: Female
Mobile: 8277184625

Pre-Existing Medical- Symptoms

Vitals

Measurements

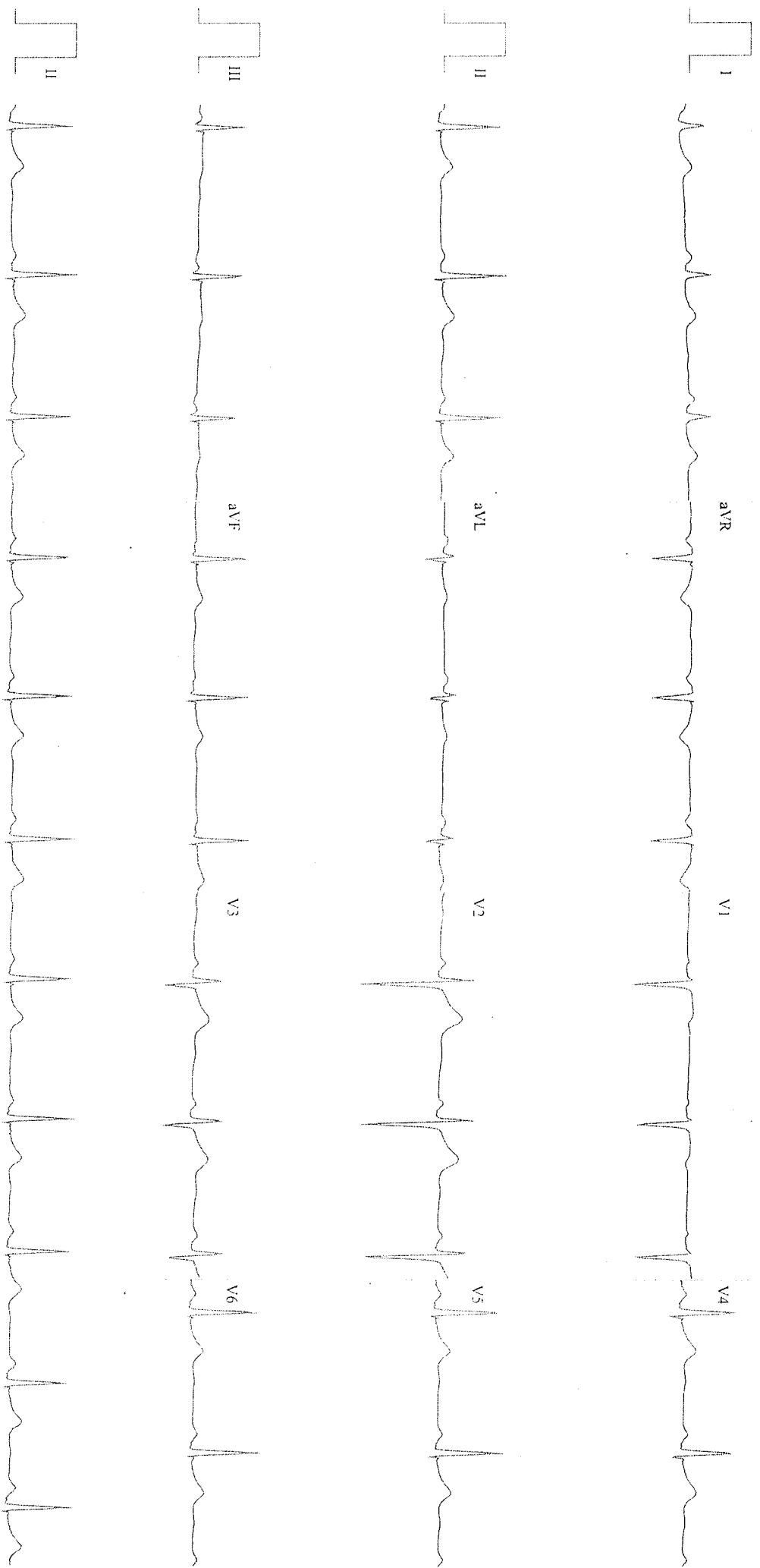
Interpretation

HR: 64 BPM
PR: 143 ms
PD: 114 ms
QRSD: 84 ms
QRS Axis: 64 deg
QT/QTc: 377/377 ms

Normal Sinus Rhythm
Normal Axis

Author:

Dr. Yogesh
M.D./D.N.B., J
Reg. No.- K



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: All analyses in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out major disease. All measurements are based on standard criteria. Interpretation is important.

Mrs. P. Rohini 32F.

18/3/24.
Dr. KRISHNA SHANU
Gynaec.

HCT LBC

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

LMP - 26/2/24.

PIL₁ - LSCB - 3yrs.

P/A - Abd. Not relaxing.

P/U
P/S / cx - Normal.

B/L Br. Normal. No. lyp.

Delv.

R/v Reports

K.

Follow up date:

Doctor Signature

Patient Name	: Mrs. P ROHINI	Age	: 32 Y F
UHID	: CELE.0000130448	OP Visit No	: CELEOPV344020
Reported on	: 17-03-2024 18:20	Printed on	: 17-03-2024 18:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:17-03-2024 18:20

---End of the Report---



Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MRS P ROHINI

DATE : 17/03/2024

AGE/SEX: 32Y/ F

REF ; ARCOFEMI

UHID:130448

*** MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.

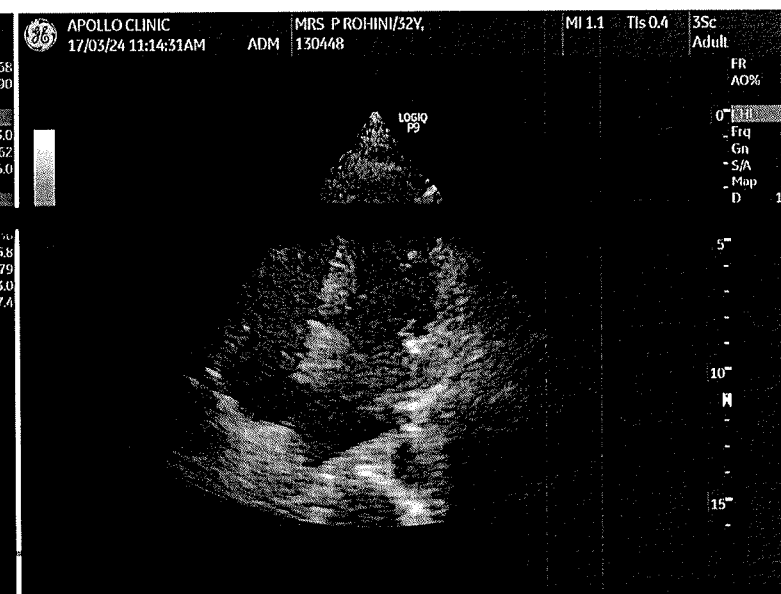
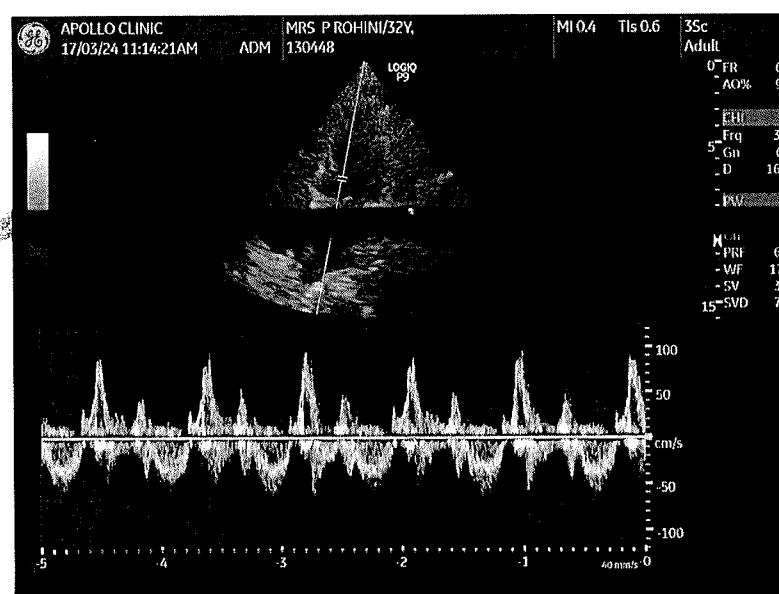
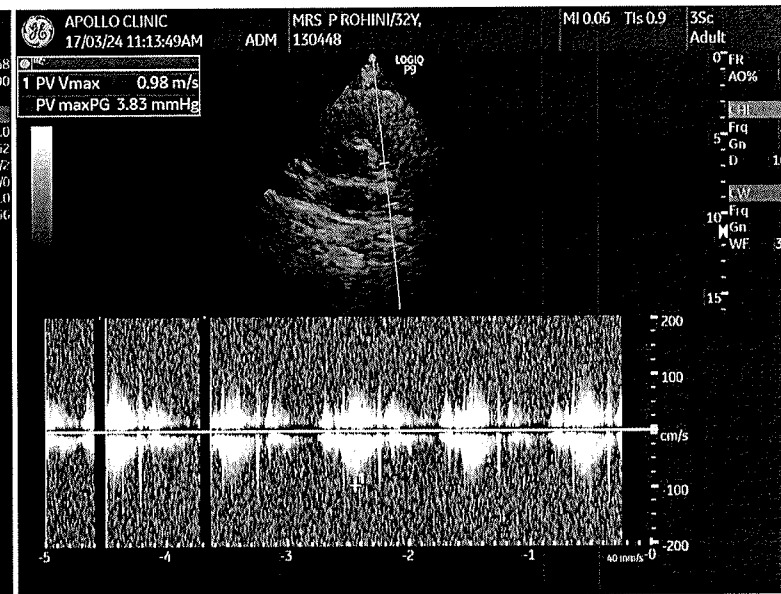
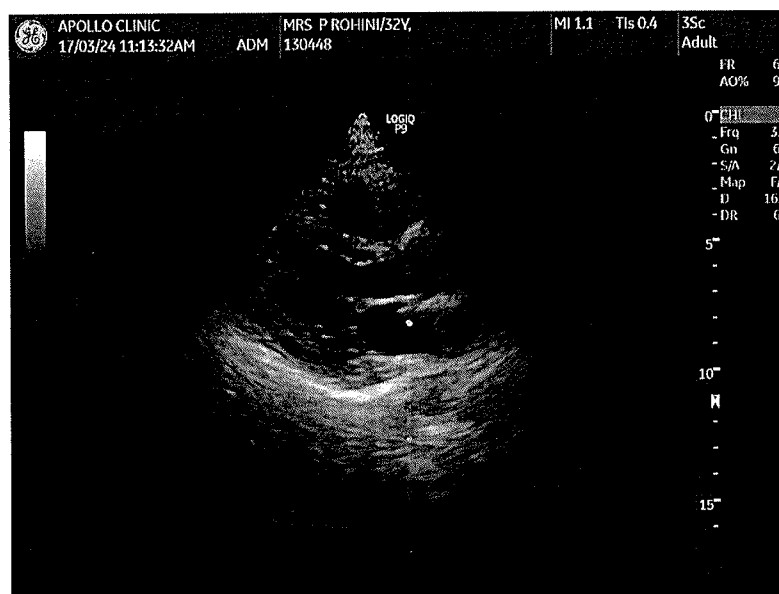
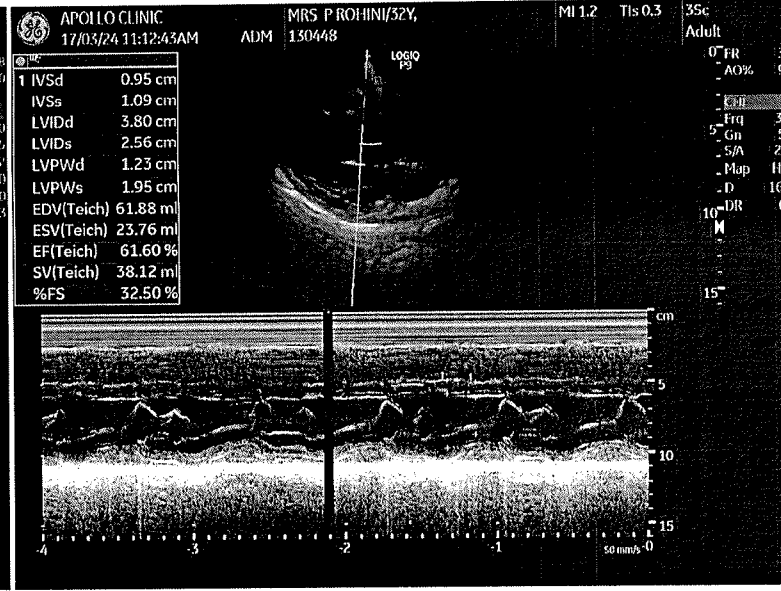
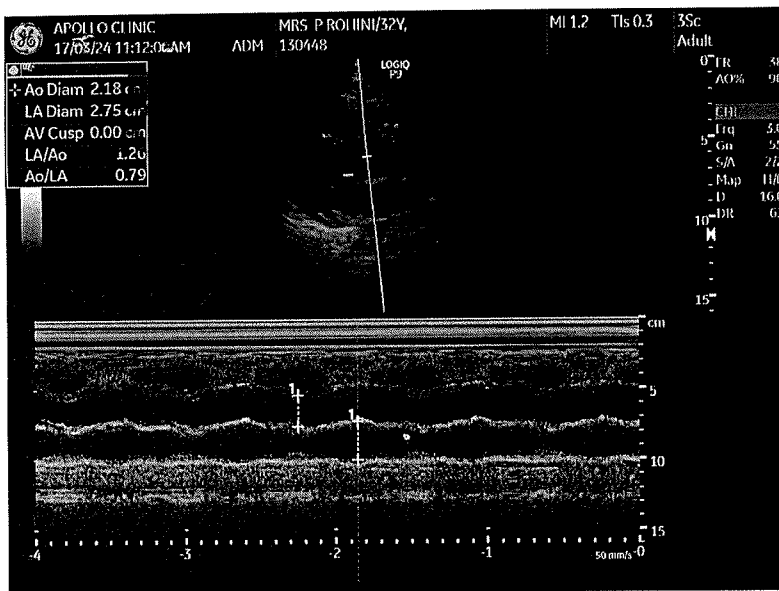
1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE (IVS & IAS).
9. GOOD LV & RV SYSTOLIC FUNCTION.LVEF 60%
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR. DAYANAND YALIGAR

Cardiologist

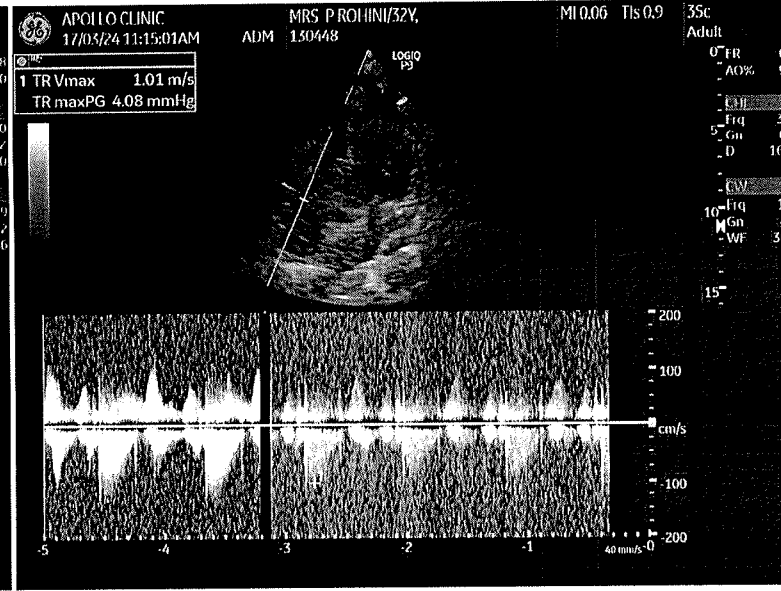
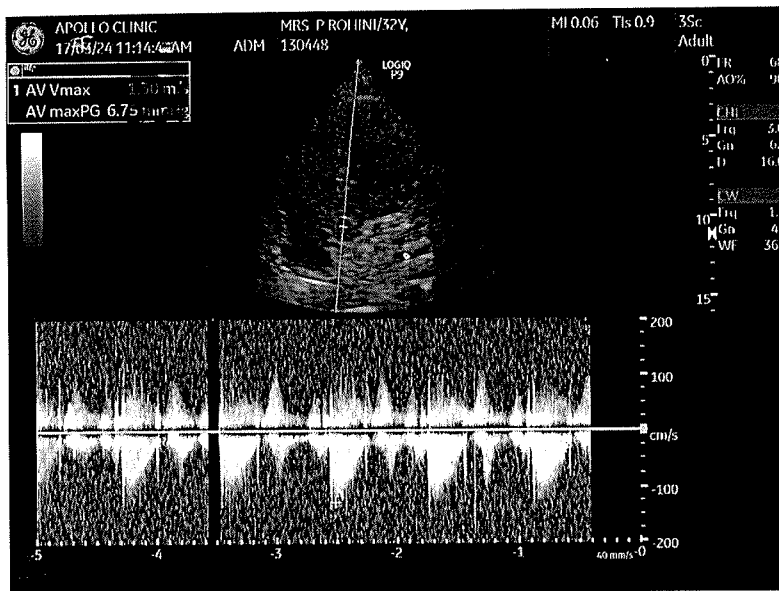
To correlate with clinical findings & other relevant investigations .



(CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA
Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT
1860 500 7788



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. P ROHINI
क.कू.संख्या	174719
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	HULIMANGALA
जन्म की तारीख	30-12-1991
स्वास्थ्य जांच की प्रस्तावित तारीख	17-03-2024
बुकिंग संदर्भ सं.	23M174719100098922E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 11-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 1507/33007/10204

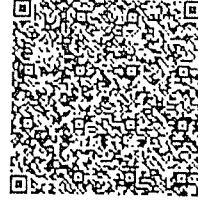
To
ರೋಹಿಣಿ ಪಿ
Rohini P
D/O Prabhukumar S
#506
Adhithya Nagar
Harinagar Main Road, J P Nagar 8th PHase
Anjanapura
Anjanapura
Bengaluru Karnataka - 560062
8277184625

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Signature Not Verified

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UNIQUE IDENTIFICATION
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Date: 2018.01.27 17:41:22
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2369 1531 7659

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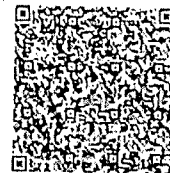


ಭಾರತ ಸರ್ಕಾರ
Government of India



ರೋಹಿಣಿ ಪಿ
Rohini P
ಜನ್ಮ ದಿನಾಂಕ/DOB: 30/12/1991
ಸ್ತ್ರೀ/FEMALE

2369 1531 7659



ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Apollo Clinic

Consent Form

Patient Name: P. ROHINI Age: 32 yrs

UHID Number: 130668 Company Name: Arcofemi

I Mr/Mrs/Ms. P. ROHINI Employee of Arcofemi

(Company) want to inform you that I am not getting the USG & Dental

test done which is a part of routine health check package.

Reason if any: Due to doctor unavailability

And I claim the above statement in my full consciousness.

Patient signature: P. ROHINI Date: 17/3/2024