

Patient Name	: Mr. Anand Suriyanarayanan	Age	: 40Yrs 5Mths 12Days
UHID	: CVEL.0000147393	OP Visit No.	: CVELOPV214815
Printed On	: 11-10-2024 07:55 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---



Dr. PASUPULETI SANTOSH KUMAR  
M.B.B.S., DNB (RADIODIAGNOSIS)

126310

Radiology

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**Your appointment is confirmed**

**From** noreply@apolloclinics.info <noreply@apolloclinics.info>

**Date** Tue 10/8/2024 3:29 PM

**To** network@mediwheel.in <network@mediwheel.in>

**Cc** Velachery Apolloclinic <velachery@apolloclinic.com>; Manojkumar Murali <manojkumar@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>

**Dear Anand Surinarayan,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VELACHERY clinic** on **2024-10-11 at 08:00-08:15.**

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]</b>

**"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.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**



India Driving Licence (Tamil Nadu)

TN NT

TN14 2018 0003463



Date of Issue  
04-04-2018

Validity  
30-04-2034

Nationality  
INDIA

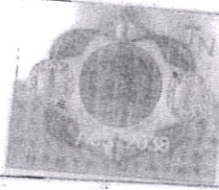
Date of Birth  
01-05-1984

Blood Group  
A1B+



Name  
ANAND SURIYANARAYANAN

Father's Name  
SURIYANARAYANAN



TN14 2018 0003463



04-04-2018  
TN14

04-04-2018  
TN14

Mobile No. \*\*\*\*\*3839

Badge No. NIL

Badge Dt

Endorsement Date  
04-04-2018

Endorsement No.

TN14 /PDL/0003463/2018

TN

Form 7 Rule 16(2)

Present Address

PLOT NO 64 F1 SURIYA ENCLAVE,  
3RD MAIN ROAD BHEL NAGAR MEDAVAKKAM,  
chennai, Chennai, TN 600100

Permanent Address

PLOT NO 64 F1 SURIYA ENCLAVE,  
3RD MAIN ROAD BHEL NAGAR MEDAVAKKAM,  
chennai, Chennai, TN 600100

Holder's Signature

Assistant Licensing Authority  
RTO, SHOLINGANALLUR.

GE MAC1200 ST  
Female

MR. ANAND SURIYANAR, AYYANAN 40 000147393, APOLLO UELACHERRY CLINIC

HR 68 bpm

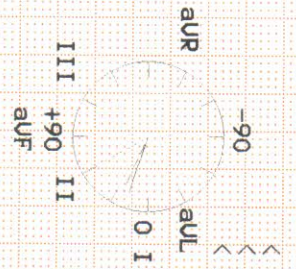
Arrow CE

Measurement Results:

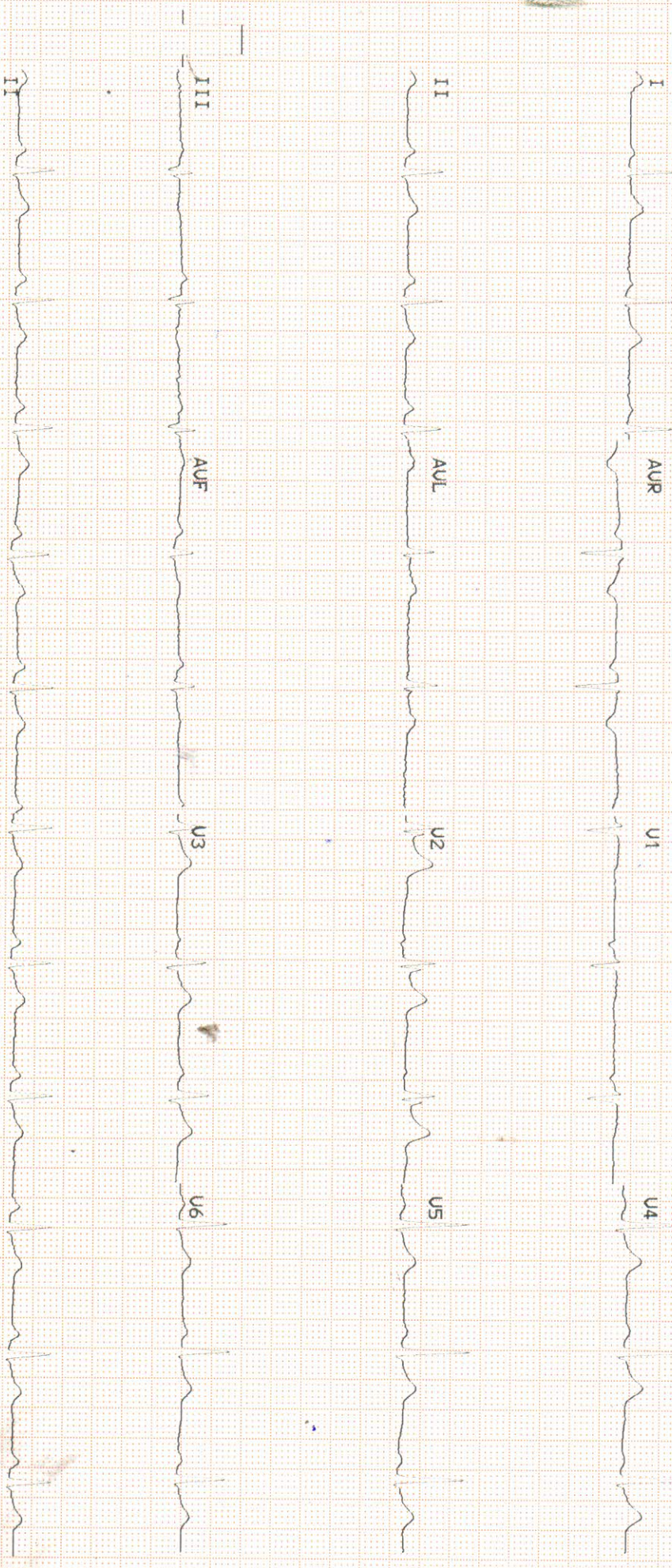
QRS	102 ms
QT/QTcB	388 / 413 ms
PR	154 ms
P	120 ms
RR/PP	882 / 870 ms
P/ORS/T	60 / 20 / 25 degrees
QTd/QTcBd	68 / 72 ms
Sokolow	1.5 mV
NK	9

Interpretation:

< P  
< T  
< QRS



Unconfirmed report.



Oct/11/2024 10:10:42 AM 25mm/s 10mm/mV ADS 50HZ 0.03 - 20HZ 3\_F1\_R Automatic U6.2 121 (1)

Name	Mr. Anand Suriyanarayanan.	Date	11-10-24.
Age	40	UHID No.	147393.
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	6/9 c Per 6/6	6/9 c Per 6/6.
DV-BCVA :		
NEAR VISION :	Add +1.0 Ds N6	Add +1.0 Ds N6.
ANTERIOR SEGMENT :	Normal	Normal
IOP :		
FIELDS OF VISION :		
E O M :	Full	Full.
COLOUR VISION :	Normal	Normal.
FUNDUS :		
IMPRESSION :		
ADVICE :		

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Anand Suriyanarasayan on 11/10/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• <u>Medically Fit</u> <span style="margin-left: 20px;"><u>FIT FOR WORK.</u></span></li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after <u>NIL</u> recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit <u>NIL</u></li> </ul>	

  
 Dr. \_\_\_\_\_  
**Medical Officer**



*This certificate is not meant for medico-legal purposes*

**Dr. YASODH REDDY**  
 M.B.B.S., F sp Diabetologist/  
 CLIN - Cardiology  
 Reg. No: 93787  
 Apollo Family Physician