





Patient Name : Mr.JACOB J

Age/Gender

: 26 Y 0 M 3 D/M

UHID/MR No

: CANN.0000242618

Visit ID

: CANNOPV429491

Ref Doctor

: Self Emp/Auth/TPA ID : 36E2301

Collected : 30/Oct/2024 08:26AM

Received : 30/Oct/2024 12:01PM

Reported : 30/Oct/2024 01:53PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 10



M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:CAG241006107

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)









mic - n = 3

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.5	g/dL	13-17	Spectrophotometer
PCV	49.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.59	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.9	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	35.6	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	48.9	%	40-80	Electrical Impedance
LYMPHOCYTES	37.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3129.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2412.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	192	Cells/cu.mm	20-500	Calculated
MONOCYTES	595.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	70.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	1	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

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Dr THILAGA M.B.B.S,M.D(Pathology) Consultant Pathologist

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Address:
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Phone . 044.26224504 / 05









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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

Page 4 of 10

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	105	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Por 111110110011 2 1000000 3 01100111100, ===				
Fasting Glucose Values in mg/dL	Interpretation			
70-100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			
<70 mg/dL	Hypoglycemia			

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	171	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	47	U/L	<50	UV with P5P

Page 5 of 10



M.D.(Biochemistry)

SIN No:CAG241006106

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PRINT - PRINTS 3

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

(ALT/SGPT), SERUM

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	1.04	mg/dL	0.3-1.2	DPD

DR.R.SRIVATSAN M.D.(Biochemistry) Page 6 of 10



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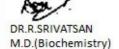
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM	<u>'</u>	<u>'</u>		<u>'</u>
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.89	mg/dL	0.72 - 1.18	JAFFE METHOD
BUN / CREATININE RATIO	12.60			Calculated

Page 7 of 10





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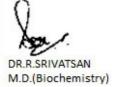
: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.89	mg/dL	0.72 – 1.18	JAFFE METHOD

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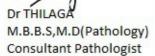
DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	· 0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

*** End Of Report ***

Page 10 of 10



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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

M.B.B.S, M.D (Pathology) Consultant Pathologist

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APOLLO CLINICS NETWORK

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: Mr. JACOB J

UHID

: CANN.0000242618

Printed On

: 30-10-2024 10:29 AM

Department

: Radiology

Referred By

: Self

Employeer Id

: 36E2301

Age

: 26Yrs 4Days

OP Visit No.

: CANNOPV429491

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

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.A R RAGHUL MBBS MD Radiodiagnosis 139605 Radiology



: Mr. JACOB J

UHID

: CANN.0000242618

Printed On Department : 30-10-2024 01:58 PM

Reffered By

: Cardiology

Employeer Id

: Self : 36E2301 Age

: 26Yrs 4Days

OP Visit No.

: CANNOPV429491

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF CARDIOLOGY

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 80 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN MBBS., MRCP, AB, MBA 63907 Cardiology





இந்திய அரசாங்கம் Government of India

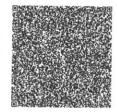
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்ட Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2192/50017/83299

ஜேக்கப் ஜே Jacob J S/O: Jamespannirselvam, 2/251, MAHDA KOIL STREET PHILPS PURAM. CHENJI POST, VTC: Kavankolathur, PO: Pudumavilangai,

Sub District: Thiruvallur District: Tiruvallur. State: Tamil Nadu PIN Code: 631203 Mobile: 7548898038





உங்கள் ஆதார் எண் / Your Aadhaar No. :

3551 4939 7615 VID: 9150 3623 8264 2999

எனது ஆதார், எனது அடையாளம்









ஜேக்கப் ஜே Jacob J பிறந்த நாள்/DOB: 27/10/1998 ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரியாப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கோறம் அல்லது பசு குறியீட்டை ஸ்கேன் செய்தல்ஆட்பிலைன் அட Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

3551 4939 7615

எனது ஆதார், எனது அடையாளம்







தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- அமைந்துள்ளது.
 இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- யக்கப்புத்து சர்பார்க்க வேண்டும்.

 ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.

 ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- ய பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும். ஆதார்பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்பயோமெட்ரிக்ஸ் லாக்அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது
- Addhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics
- Entities seeking Aadhaar are obligated to seek consent.

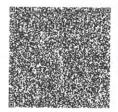


Unique Identification Authority of India



முகவரி: S/O: ஜமேஸ்பன்னீர்செல்வம், 2/251, தமாதாகோவில் தெரு பிலிப்ஸ் புரம், செஞ்சி இஅஞ்சல், காவாங்கொளத்தூர், தபுதுமாவிலங்கை, திருவள்ளூர், புதமிழ் நாடு - 631203

Address: • Address: \$3/O: Jamespannirselvam, 2/251, MAHDA \$KOIL STREET PHILPS PURAM, CHENJI \$POST, Kavankolathur, PO: Pudumavilangai, DIST: Tiruvallur, Tamil Nadu - 631203



3551 4939 7615 VID: 9150 3623 8264 2999



help@uidai.gov.in | www.uidai.gov.in



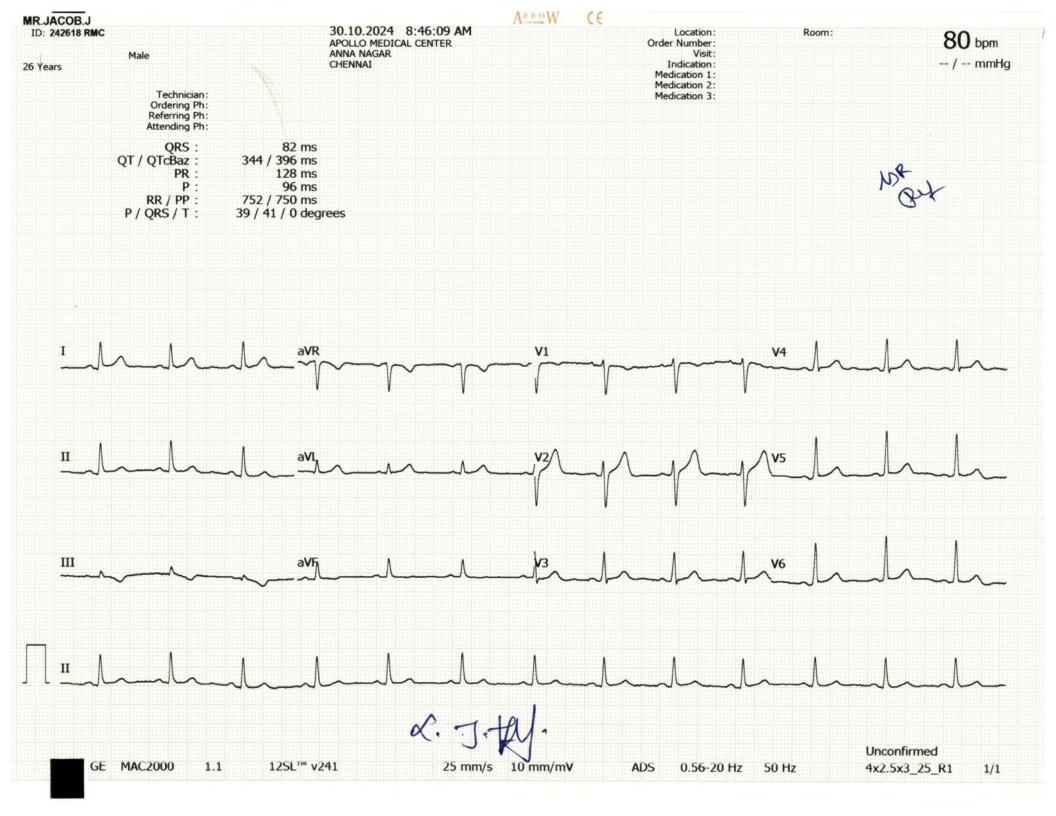




OPHTHALMOLOGY



		Expertise. Closer to you.
Name: Occupation: Age: Sex: Male Femaie Address: Ph:	Ref. Physician:	24Reg. No. 242518 /
REPORT O	N OPHTHALMIC EXAMINATION	ON
History:	Nu	
Present Complaint:		
	Mu .	
ON EXAMINATION:	RE	LE
Ocular Movements : Anterior Segment :		
Intra-Ocular-Pressure :	Till	felle
Visual Acuity: D.V. :		N
Without Glass:	\mathcal{N}	
With Glass:		6/6
N.V. :	616	946
Visual Fields :	16	A 1
Fundus : Impression :	AC.	INP
Advice :		Lou
Colour Vision :	Ne True	No Peu





Fwd: Health Check up Booking Confirmed Request(36E2301), Package Code-PKG10000488, Beneficiary Code-322350

From Rajan Rajan <rajanjacob624@gmail.com>

Date Wed 10/30/2024 8:13 AM

To Annanagar Apolloclinic <annanagar@apolloclinic.com>

----- Forwarded message -----

From: Mediwheel < wellness@mediwheel.in >

Date: Tue, Oct 29, 2024, 1:08 PM

Subject: Health Check up Booking Confirmed Request(36E2301), Package Code-PKG10000488,

Beneficiary Code-322350

To: < rajanjacob624@gmail.com > Cc: < customercare@mediwheel.in >

011-41195959

Dear Jacob J,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package

Name

: Pre-employment Health Checkup H

Name of

Diagnostic/Hospital

: Apollo Clinic - Anna Nagar

Address of

Diagnostic/Hospital-

: 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012

City : Chennai

State : Tamil Nadu

Pincode : 600012

Appointment Date : 30-10-2024

Confirmation Status: Booking Confirmed

Preferred Time : 08:00 AM - 08:30 AM

Booking Status : Booking Confirmed

Member Information					
Booked Member Name Age Gender					
Jacob J	26 year	Male			

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks, Mediwheel Team Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)





CERTIFICATE OF MEDICAL FITNESS

r reviewing the medical history and on clinical examination it has been found that he is	
* HEALC + fellew up • sout ruticitien + pllew up on B-P Medically Fit for Employment.	Tick
Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
2	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit. Review after	
• Unfit	
Medical Officer The Apollo Clinic, (Location) No. 102 Part Mobile 7188 No. 102 Part Mobile 7188 No. 102 Part Mobile 7188 Ur. SUMA RAGHURAM MBBS, DA, DNB, M.Med MBBS, DA, DNB, M.Med MBBS, DA, DNB, M.Med MBBS, DA, DNB, M.Med	