

| | |
|------------------------------|--|
| Patient Name : Mr.R D BAIJU | Collected : 29/Mar/2024 09:03AM |
| Age/Gender : 51 Y 4 M 0 D/M | Received : 29/Mar/2024 12:41PM |
| UHID/MR No : CMAR.0000141704 | Reported : 29/Mar/2024 03:30PM |
| Visit ID : CMAROPV792533 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9164611636 | |

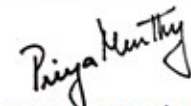
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.87 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 75.1 | fL | 83-101 | Calculated |
| MCH | 25.1 | pg | 27-32 | Calculated |
| MCHC | 33.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,710 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 53.8 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 34 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.6 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 8 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4685.98 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2961.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 313.56 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 696.8 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 52.26 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.58 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 328000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 14 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |



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SIN No:BED240086812

This test has been performed at Apollo Health & Lifestyle Laboratory, BANGALORE Laboratory

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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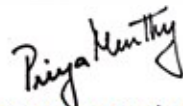
RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Suggested Iron profile in view of reduced RBC indices and increased RBC count.

Kindly correlate clinically



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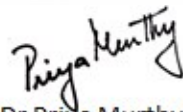
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 98 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

| 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:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 112 | mg/dL | 70-140 | HEXOKINASE |


Comment:

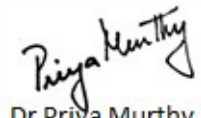
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |

Page 4 of 14


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SIN No:EDT240040208

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| | | | |
|---------------------------------|-----|-------|------------|
| HBA1C, GLYCATED HEMOGLOBIN | 6.4 | % | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 137 | mg/dL | Calculated |


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 253 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 185 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 46 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 207 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 169.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 37 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.50 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.24 | | <0.11 | Calculated |

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100; Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:


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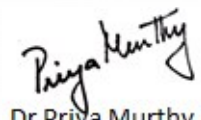
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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| | |
|------------------------------|--|
| Patient Name : Mr.R D BAIJU | Collected : 29/Mar/2024 09:03AM |
| Age/Gender : 51 Y 4 M 0 D/M | Received : 29/Mar/2024 01:04PM |
| UHID/MR No : CMAR.0000141704 | Reported : 29/Mar/2024 02:26PM |
| Visit ID : CMAROPV792533 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9164611636 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.72 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.62 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 32 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 53.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.36 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.85 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.51 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.93 | | 0.9-2.0 | Calculated |

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

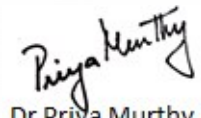
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.94 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 22.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.6 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.68 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.40 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.42 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.36 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.85 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.51 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.93 | | 0.9-2.0 | Calculated |


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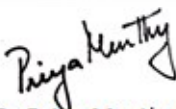
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 32.00 | U/L | <55 | IFCC |


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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.71 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.67 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.904 | µIU/mL | 0.34-5.60 | CLIA |

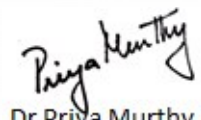
Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |


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SIN No: SPL24058737

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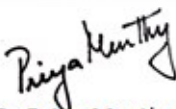
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|


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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 3-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

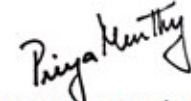
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Result/s to Follow:

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DEPARTMENT OF CLINICAL PATHOLOGY

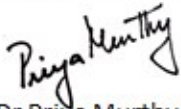
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Page 14 of 14



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SIN No:UR2319682

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

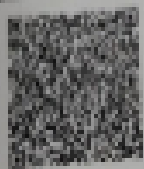
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ವಿಳಿಯುವುದು / Business No: 1074/14004/2027
To:
Name:
MCD Office
and Sector No 34
Haveriger
Begur
Kannada 567133
9448201976

Call 081 / 227 / 507490 / 507025 / 9



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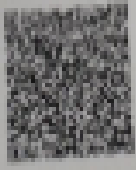
ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:

3248 1402 5888

ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



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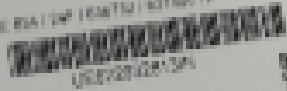
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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:

2275 5020 5587

ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



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2275 5020 5587

ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



Dear BAIJU R D,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI clinic** on **2024-03-29** at **08:00-08:15**.

| | |
|----------------|---|
| Payment Mode | |
| Corporate Name | ARCOFEMI HEALTHCARE LIMITED |
| Agreement Name | [ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT] |
| Package Name | [ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324] |

"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:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. RD Raju on 29/3/24

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

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none"> • Unfit | |

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 29-03-2024
MR NO : CMAR.0000141704

Department : GENERAL
Doctor :

Name : Mr. R D Baiju

Registration No :
Qualification :

Age/ Gender : 51 Y / Male

Consultation Timing: 08:39

| | | | |
|-----------------|----------------|--------|-------------------|
| Height : 179 cm | Weight : 90 kg | BMI : | Waist Circum : |
| Temp : | Pulse : 96 pm | Resp : | B.P : 130/80 mmHg |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

DEPARTMENT OF OPHTHALMOLOGY

| | |
|--------------------------------|-----------------------|
| Employee Name: <i>Bojju RP</i> | Date: <i>29/03/24</i> |
| Employee No: | Sex: <i>M</i> |
| Age: <i>51</i> | Systemic illness: |

| Examination | RE | LE |
|-------------------|---|-----------------------------|
| Anterior Segment | Normal /Abnormal | Normal /Abnormal |
| Vision Distance | <i>6/36</i> | <i>6/9</i> |
| Near vision | <i>N/6</i> | <i>N/6</i> |
| Colour (Ishihara) | Normal /Abnormal | Normal /Abnormal |
| Refractive Error | Present/Absent | Present/Absent |
| New Glass power | <i>+1.50/-1.50 X 100°</i> | <i>-plow - 8/6</i> |
| Add Power | <i>+2.00</i> | <i>+2.00 - N/6</i> |
| Glass If any | To Continue / Change | To Continue / Change |
| IOP (mm of Hg) | Normal/Abnormal | Normal/Abnormal |
| Posterior Segment | Normal/Abnormal | Normal/Abnormal |
| Impression | Normal/ Refractive Error /Presbyopic BE/Others | |

| | |
|-----------------|---------------------------------|
| Advice/Comments | <i>- Cont with some glasses</i> |
|-----------------|---------------------------------|

D. Prasad

Signature of Consultant & Optometrist

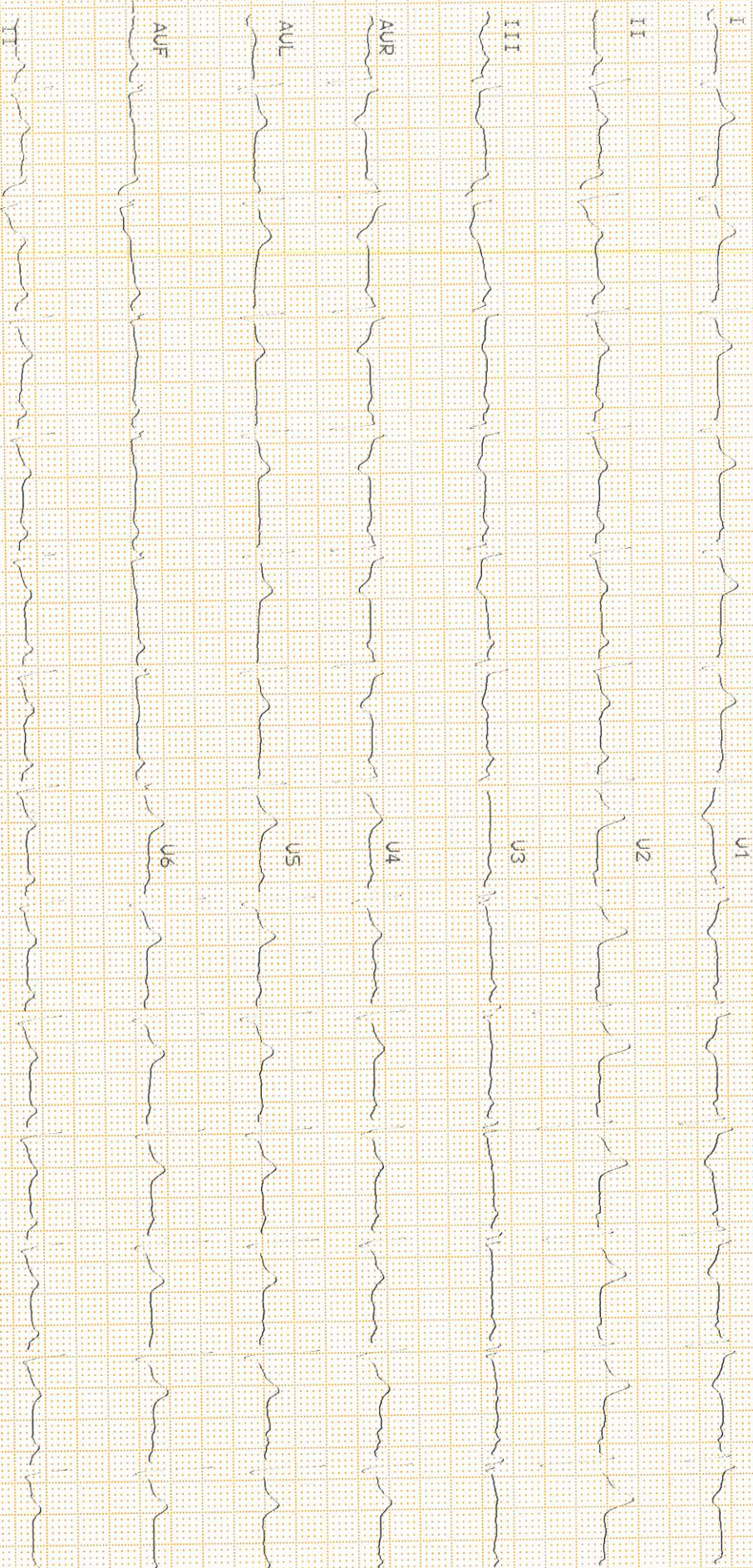
Measurement Results:

| | | | |
|-----------|----------------------|---------|-------|
| QRS | 130 ms | | |
| QT/QTcB | 406 / 473 ms | -90 | < P |
| PR | 144 ms | | < T |
| P | 116 ms | | < QRS |
| RR/PP | 738 / 750 ms | | 0 I |
| P/QRS/T | 65 / 15 / 15 degrees | | |
| QTd/QTcBD | 38 / 44 ms | III +90 | II |
| Sokolow | 1.5 mV | aVF | |
| NK | 11 | | |

Interpretation:

complete right bundle branch block
prolonged QT
probably abnormal ECG

Unconfirmed report.



| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. R D Baiju | Age/Gender | : 51 Y/M |
| UHID/MR No. | : CMAR.0000141704 | OP Visit No | : CMAROPV792533 |
| Sample Collected on | : | Reported on | : 29-03-2024 18:26 |
| LRN# | : RAD2285855 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9164611636 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

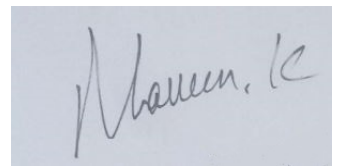
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



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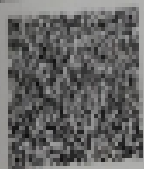
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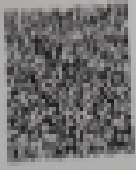
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ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



Name:
ವಿಳಿಯುವುದು / Year of Birth: 1977
ಪು / Female



3248 1402 5888

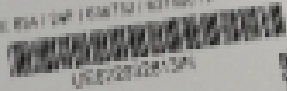
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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:

2275 5020 5587

ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



Name:
ವಿಳಿಯುವುದು / Year of Birth: 1972
ಪು / Male



2275 5020 5587

ಆಧಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ