	Annexure-2 lealth Declaration Nark Where Applicable)	PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH
1 PERSONAL DETAILS		
Name: Scimeenkumo	Middle Name Hinclurco	Sciellice .
Address: 12, Shenat	ai charol, Peire	erawadi, Sakina
city: Mumberi	-Pin: 200072	
	Date: <u>Silo7(1977</u> Religionm/yyyy)	on: Hindu.
Post applied for:	Marital Status: Married / L	Jomarried Gender: M &F
Name i) ii) iii)	Nature of work	Duration
i) ii) iii) NAME OF FAMILY DOCTOR:	Nature of work inp goni Fa Village Mun	
i) ii) iii) MAME OF FAMILY DOCTOR: Address: Sr An Ashcul Contact Details: - 9020	up gori Fa village Mun	
i) ii) iii) Address: Sr An Ashcul Contact Details: - 9020 PERSONAL HABITS:	up gori Fa village Mun	
i) ii) iii) MAME OF FAMILY DOCTOR: Address: $O \sim Pn$ Pshcul Contact Details: $-902cPERSONAL HABITS:i) Smoking$	up gori Fa village Mun	
i) ii) iii) NAME OF FAMILY DOCTOR: Address: Sr Am As head Contact Details: - Q O 2 (PERSONAL HABITS: i) Smoking X ii) Tobacco chewing X	up gori Fa village Mun	
i) ii) iii) MAME OF FAMILY DOCTOR: Address: $O \sim Pn$ Pshcul Contact Details: $-902cPERSONAL HABITS:i) Smoking$	up gori Fa village Mun	

ii) PERSONAL HISTORY:

Are you in good health and capable of full work Have you ever suffered from job related disease or injury? Have you ever been discharged or rejected on medical grounds?

Yes	No
	V
	2
	L

Epilepsy, Fit Dizziness	on se ases s g disease r Pneumonia etc.) ts, Fainting or peration or injury	N Hepatitis-B Cancer Stroke Bronchitis Any allergy Any chronic ear	or hearing problem ninitis otitis etc.) of any kind
Diabetes Heart disea Kidney dise Tuberculosi Chronic lung (e.g. Pleurisy Epilepsy, Fit Dizziness Any major o	se ases s g disease y Pneumonia etc.) ts, Fainting or peration or injury	Cancer Stroke Bronchitis Any allergy Any chronic ear (e.g. sinusitis, rh Mental disorder	of any kind
Heart disea Kidney dise Tuberculasi Chronic lung (e.g. Pleurisy Epilepsy, Fit Dizziness Any major o	ases s g disease y Pneumonia etc.) cs, Fainting or peration or injury	Stroke Bronchitis Any allergy Any chronic ear (e.g. sinusitis, rh Mental disorder	ninitis otitis etc.) of any kind
Kidney dise Tuberculosi Chronic lung (e.g. Pleurisy Epilepsy, Fit Dizziness Any major o	ases s g disease y Pneumonia etc.) cs, Fainting or peration or injury	Bronchitis Any allergy Any chronic ear (e.g. sinusitis, rh Mental disorder	ninitis otitis etc.) of any kind
Tuberculosi Chronic lung (e.g. Pleurisy Epilepsy, Fit Dizziness Any major o	s g disease r Pneumonia etc.) ts, Fainting or peration or injury	Any allergy Any chronic ear (e.g. sinusitis, rf Mental disorder	ninitis otitis etc.) of any kind
Chronic lung (e.g. Pleurisy Epilepsy, Fit Dizziness Any major o	g disease / Pneumonia etc.) ts, Fainting or peration or injury	Any chronic ear (e.g. sinusitis, ri Mental disorder	ninitis otitis etc.) of any kind
(e.g. Pleurisy Epilepsy. Fit Dizziness Any major o	Pneumonia etc.)	(e.g. sinusitis, rh Mental disorder	ninitis otitis etc.) of any kind
Dizziness Any major o	peration or injury		CONTRACT OF CARES
Any major o		Any other illnes	s
Details of the above if "Y	'es")		
Tetanus Toxoid Hepatitis B Others	417		

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / Nø

(If yes, Please √ Mark Where Applicable)

	Father	Mother
Hypertension		
Heart Disease		
Cancer		
Diabetes		
Tuberculosis		
Epilepsy		
Any other Disease		

	IF LIV	ING	IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH CAUSE OF DEATH	
Father	73	Good		
Mother	60	Grood		
Spouse	47	Good		
Children-1	18	400 d		
Children -2	12	6000		

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

(Signature of Candidate)

Date: 24/08/2024

MER- MEDICAL EXAMINATION REPORT

Date of Examination	24-08-2024
NAME	Symecokymers Tudhav
AGE	47 Gender Male
HEIGHT(cm)	186 WEIGHT (kg) 90
B.P.	130/80 mm/19
ECG ITMT	NSR / Whe Whe
X Ray	Whit
Vision Checkup	Color Vision : N Far Vision Ratio : 616 N Near Vision Ratio : NISN
Present Ailments	
Details of Past ailments (If Any)	
Comments / Advice : She /He is Physically Fit	

the construction is real riff, igen trether 1 3764

Signature with Stamp of Medical Examiner

Dr. Mrinalini Singh Consultant Physician MBES, DNB, MRCP (UK), EDIC Reg. No. 2019/02/0392

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of	Samera	kymer	Jadhav	on 🤈	4-08-2	4
100 TO 100						

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

Fit with restrictions/	recommendations	
Though following re not impediments to t	strictions have been revealed, in my opinion, th he job.	ese are
1Hb = 1.2.3		
2 Vit D de	heieucy	1.4.4
3	J	
However the employ been communicated	ee should follow the advice/medication that has to him/her.	
Review after		
Currently Unfit.		
Currently Unfit.	r	commended
Currently Unfit.	r	commended

This certificate is not meant for medico-legal purposes

14

	Sea Bird Medicard	A CONTRACTOR	
PID NO.	: CHA1030	Reference :	Reg. Date
Name	: SAMEERKUMAR H JADHAV	Sample Collected At : Sea Bird Medicare 105-107 Gateway Plaza,Central Avenue,Hiranandani	24-Aug-2024 /10:20 am Coll Date
Sex / Age	: Male / 47 Years	Gardens, Powal, Mumbai-400076 Processing Location: - Sea Bird Medicare	24-Aug-2024 /10:25 am
Ref By	: APOLLO HEALTH AND LIFESTYLE LIMITED	105-107 Gateway Plaza,Central Avenue,Hiranandani Gardens,Powai,Mumbai-400076	Report Date 24-Aug-2024 / 3:15 pm

	BI	OCHEMISTRY	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Sr. Calcium	9.83	mg/dl	8.6 - 10.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser

----- End of Report ------



Molly R Lab Technician

ph

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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- C. Sea Bird Medicare services are also available at: Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)







PID NO.	1 CHA1030	Reference :	Reg. Date
		Sample Collected At :	24-Aug-2024 /10:20 am
Name	: SAMEERKUMAR H JADHAV	Sea Bird Medicare	Coll Date
		105-107 Gateway Plaza, Central Avenue, Hiranandani	
Sex / Age	: Male / 47 Years	Gardens, Powai, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:46 pm

	BL	OOD GLUCOS	E
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma,Method-Hexokinase) Interpretation: NORMAL: 70 - 100 mg/dl Pre-Diabetic: 100 - 125 mg/dl Diabetic: >125 mg/dl (ON MORE THAN ONE OCCASION) Reference: American diabetes association	92 guidelines 2022	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma Method- Hexokinase) Interpretation: Non-Diabetic: 70 - 140 mg/dl Pre-Diabetic: 140 - 199 mg/dl Diabetic: >200 mg/dl (ON MORE THAN ONE OCCASION.) Reference: American diabetes association	102 guidelines 2022	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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Pritam Dhanawade

Lab Technician

DR.RITESH KHARCHE M885, MD PATHOLOGY Pathologist MMC Reg No.2006031880

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BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

----- End of Report ------

nanawade

Pritam Dhanawade

Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No. 2006031680

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PID NO.	: CHA1030	Reference :	Reg. Date
Name	: SAMEERKUMAR H JADHAV	Sample Collected At : Sea Bird Medicare	24-Aug-2024 /10:20 am
Sex / Age	: Male / 47 Years	105-107 Gateway Plaza,Central Avenue,Hiranandani Gardens,Powai,Mumbal-400076	Coll Date 24-Aug-2024 /10:25 am
Ref By	: APOLLO HEALTH AND UFESTYLE LIMITED	Processing Location: - Sea Bird Medicare 105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076	Report Date 24-Aug-2024 / 3:15 pm

		Blood Group	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
BLOOD GROUP			
ABO Group	"A"		
RH (D)	Positive		

Sample: Whole Blood (EDTA)

----- End of Report

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Pritam Dhanawade

Lab Technician

DR.RITESH KHARCHE MBB5, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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		and the second second	
PID NO.	: CHA1030	Reference :	Reg. Date
		Sample Collected At :	24-Aug-2024 /10:20 am
Name	SAMEERKUMAR HJADHAV Sea Bird Medicare	Coll Date	
		105-107 Gateway Plaza, Central Avenue, Hiranandani	
Sex / Age	: Male / 47 Years	Gardens, Powal, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

Complete Blood Count				
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL	
Hemoglobin	12.3	gm/dl	13.0 -17.0	
RED BLOOD CELLS				
R.B.C. Count	5.06	million / cumm	4.5-5.5	
HCT	38.1	%	40- 50	
MCV	75.3	fL	83 - 101	
MCH	24.4	pg	27 - 32	
MCHC	32.4	gm / dl	31.5 - 34.5	
RDW (CV)	15	%	11.6- 14.0	
Total W.B.C. Count	6300	/cu.mm.	4000 - 10000	
DIFFERENTIAL COUNT				
Neutrophils	66	%	40 - 80	
Lymphocytes	25	96	20 - 40	
Eosinophils	05	%	1-6	

Molly R Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No 2006031680

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PID NO.	: CHA1030	Reference :	Reg. Date
Name : SAMEERKUMAR H JADHAV		Sample Collected At :	24-Aug-2024 /10:20 am
	; SAMEERKUMAR H JADHAV	Sea Bird Medicare	Coll Dates
		105-107 Gateway Plaza, Central Avenue, Hiranandani	Coll Date
Sex / Age	: Male / 47 Years	Gardens, Powai, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	100-1001920-50
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

REPORT

	Com	plete Blood Cou	unt
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	312000	/cumm	150000 - 410000
MORPHOLOGY			
RBC Morphology	Mild Anisocyto	sis with Microcytic a	nd Hypochromic Cells.
WBC Morphology	Normal Morph	ology.	
Platelets on Smear	Adequate on s	mear	
Advice	Serum Iron St	udies profile	

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method, Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

------ End of Report

Molly R Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

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PID NO.	: CHA1030	Reference :	Reg. Date
Name	: SAMEERKUMAR H JADHAV	Sample Collected At :	24-Aug-2024 /10:20 am
and the	- and a state of the state of t	Sea Bird Medicare	Coll Date
1977 1976 C		105-107 Gateway Plaza, Central Avenue, Hiranandani	
Sex / Age	: Male / 47 Years	Gardens, Powal, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens,Powai,Mumbai-400076	24-Aug-2024 / 3:45 pm

Erythrocyte Sedimentation Rate (ESR)				
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL	
E.S.R	11	mm at 1hr	0 - 15	

Method: Westergren. Sample: Whole Blood (EDTA)

----- End of Report

hanawade

Pritam Dhanawade

Lab Technician

the

DR.RITESH KHARCHE MBB5, MD PATHOLOGY

Pathologist MMC Reg No.2006031680

Page 7 of 17

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PID NO.	: CHA1030	Reference :	Reg. Date
		Sample Collected At :	24-Aug-2024 /10:20 am
Name : SAMEERKUMAR H JADHAV	Sea Bird Medicare	Coll Date	
		105-107 Gateway Plaza,Central Avenue,Hiranandani	
Sex / Age	: Male / 47 Years	Gardens, Powai, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	1743-2610-0740-0740-1
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
0.000	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

Glycosylated Haemoglobin (HbA1c)					
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL		
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic :> = 6.5 (EDTA Whole Blood, Turbidimetric)	5.72	96	4 - 5.69		
Mean Blood Glucose (MBG)	126.33	mg/dl			

Interpretation & Remark:

1. HbA1c is used for mointoring diabetic control. It reflects the estimated average glucose (eAG).

2 HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 0.5 %.

3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic

anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation sugested

5. To estimate the eAG from the HbA1C value, the following equation is used : eAg(mg/dl)=28.7*A1c-48.7.

6. Interference of Haemoglobinopathies in HbA1c estimation

A. For HbF> 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

8. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.

C. Heterozygous state detected.

 In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control. Excellent Control - 6 to 7 %

Fair to Good Control - 7 to 8 %

Unsatisfactory Control - 8 to 10 %

and Poor Control - More than 10 %

8. Test done on Mispa I3 Automated Cartridge Based Specific Protein Analyser

End of Report

Molly R Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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Sex / Age	: Male / 47 Years	Gardens, Powai, Mumbai-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	An an and a support of a la
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

REPORT

	L	IPID PROFILE	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol Serum, Method: CHOD-PAP	190.72	mg/di	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	84.34	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method. Cholesterol-esterase-Direct	51.74	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	122.11	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	16.87	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	3.69		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

Molly R Lab Technician

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121034/4101	: Male / 47 Years	105-107 Gateway Plaza, Central Avenue, Hiranandani	
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Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

	L	IPID PROFILE	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
LDLC/HDLC Ratio Calculated	2.36		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

1) Biological Reference Interval is as per National Cholestrol Education Program (NCEP) guidelines.

2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

------ End of Report ------

Molly R Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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Ref By	: APOLLO HEALTH AND LIFESTYLE	Processing Location: - Sea Bird Medicare 105-107 Gateway Plaza,Central Avenue,Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

LIVER FUNCTION TEST				
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL	
S.G.O.T. (Serum .Method-IFCC / UV without P5P)	27.14	U/L	0 - 40	
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	107.20	U/L	40 - 129	
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	36.14	U/L	0 - 41	
GGT (Serum Method- IFCC Method)	30.23	U/L	8 - 61	
Bilirubin (Total) (Serum ;Method-Diazo- End point)	0.74	mg/d1	0.0 - 1.20	
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.1	mg/dl	0.0 - 0.40	
Bilirubin (Indirect) Calculated	0.64	mg/di	0.0 - 0.90	
Total Proteins (serum, Method-Biuret)	7,31	g/dl	6.6 - 8.7	
Albumin (Serum,Method-Bromocresoi Green)	4.24	g/dl	3.5 - 5.2	
Globulin Calculated	3.07	g/dl	1.90 - 3.70	
A/G ratio Calculated	1.38			

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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LIVER FUNCTION TEST

Test

Result

Units

End of Report ------

BIOLOGICAL REFERENCE INTERVAL



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	RE	NAL PROFILE	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Urea Serum, Method-Urease	15.88	mg/dl	16.6-48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	7.42	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	1.06	mg/dL	0.62 - 1.17 mg/dl
Unic Acid Serum, Method: Unicase-POD	4.16	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser

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Sex / Age	: Male / 47 Years	Gardens, Powal, Mumbal-400076	24-Aug-2024 /10:25 an
		Processing Location: - Sea Bird Medicare	110101-0404-00124.5
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
1000	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:41 pm

THYROID FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL	
TSH	1.65	µIU/mI	0.25-5 µlU/ml	
Т3	1.52	nmol/l	0.92-2.33 nmol/l	
Τ4	76.56	nmol/l	60-120 nmol/l	

The assay principle combines an enzyme immunoassay competition method with a final flucrescent detection (ELFA).

INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or

chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is

receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive

amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually

followed by

additional testing to investigate the cause of the increase or decrease.

T3: Triodothyronine T3 contributes significantly to the maintenance of the euthyroid state and the total T3 concentration has a role in screening for thyroid disease

in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4. Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >98.9% of T4 is protein-bound, primarily to thyfoKine-binding globulin(TBG), it

is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and

diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

------ End of Report ------

anawade

Pritam Dhanawade

Lab Technician

DR.RITESH KHARCHE MB85, MD PATHOLOGY Pathologist MMC Reg No.2006031680

Page 14 of 17

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1

PID NO.	1 CHA1030	Reference :	Reg. Date
		Sample Collected At :	24-Aug-2024 /10:20 am
Name	: SAMEERKUMAR H JADHAV	Sea Bird Medicare	Coll Date
		105-107 Gateway Plaza, Central Avenue, Hiranandani	
Sex / Age	: Male / 47 Years	Gardens, Powal, Mumbal-400076	24-Aug-2024 /10:25 am
		Processing Location: - Sea Bird Medicare	
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

REPORT

	UR	INE ANALYSIS	3	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL	
PHYSICAL EXAMINATION				
Colour	Pale Yellow		Pale Yellow	
Quantity	30 ml	m	20 - 50	
Appearance	Clear		Clear	
Reaction (pH)	6.0		5.0 - 9.0	
Specific Gravity	1.015		1.000 - 1.030	
CHEMICAL EXAMINATION				
Proteins	Absent		Absent	
Sugar	Absent		Absent	
Ketone Bodies	Absent		Absent	
Bilirubin	Absent		Absent	
Nitrite	Absent		Absent	
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)	

Molly R Lab Technician

DR.RITESH KHARCHE MBB5, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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		Sample Collected At :	24-Aug-2024 /10:20 am
Name	: SAMEERKUMAR H JADHAV	Sea Bird Medicare	Coll Date
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Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
1010.00	LIMITED	Gardens, Powai, Mumbai-400076	24-Aug-2024 / 3:18 pm

	UR	INE ANALYSIS	1
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Ocult Blood	Absent		Absent
MICROSCOPIC EXAMINATION			
Pus Cells	2 - 3 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Biood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination - Automation/Manual Microscopy.

----- End of Report ------

Molly R Lab Technician

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No. 2006031680

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Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza, Central Avenue, Hiranandani	Report Date
	LIMITED	Gardens,Powai,Mumbal-400076	24-Aug-2024 / 3-41 pm

REPORT

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
VITAMIN D TOTAL Serum, Method-ELFA	13.3	ng/ml	Interpretation mentioned below

VITAMIN D TOTAL 25-OH (D2 + D3)

METHOD: Enzyme immunoassay competition method with a final fluorescent detection (ELFA) on MINI VIDAS automated immunoassay system.

INTERPRETATION Deficiency: <20 ng/ml Insufficiency: 20-29 ng/ml Sufficiency: 30-100 ng/ml

Taxicity: >100 ng/ml

-Levels <20 ng/ml may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid resulting in rickets in children and

osteomalacia in adults.

-Patients who present with hypercalcentia, hyperphosphatemia and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1.25(OH)2-VitD as an occur in

granulomatous diseases, particularly sarcoidosis or from nutritionally- induced hypervitaminosis D. Serum 1,25 (OH)2-VitD level will be high in

both groups, but only patients with

hypervitaminosis D will have serum 25-OH-VitD concentrations of >100 ng/mi.

----- End of Report ------

anawade

Pritam Dhanawade

Lab Technician



DR.RITESH KHARCHE M885, MD PATHOLOGY Pathologist MMC Reg No. 2006031680

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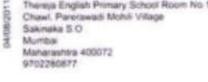
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Hidrogeter Etgerer store Sameerkumar Hindurao Jadhav SIO Hindurao Ramchandra Jadhav Thereja English Primary School Room No. 12, Sherabal Chawl, Parecawadi Mohili Village

भारतीय

To.



Name: Mr SAMEER KUMAR JADHAV	Age: 47Y	Sex : Male	E Bar
Date :24/08/2024	Ref Dr : SELF		
USG A	BDOMEN AND PELVIS		

LIVER: Liver appears normal in size 11.9cm and shows diffuse increased echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. Portal vein is normal. CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

<u>KIDNEYS</u>: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Right kidney measures 9.4 x 6.3cm. Left kidney measure 10.2 x 6.8cm

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size measuring 3.4 x 3.2 x 3.4cm vol- 20.1gms and echotexture. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: Fatty liver grade I.

Advice: Clinical co-relation and further evaluation.

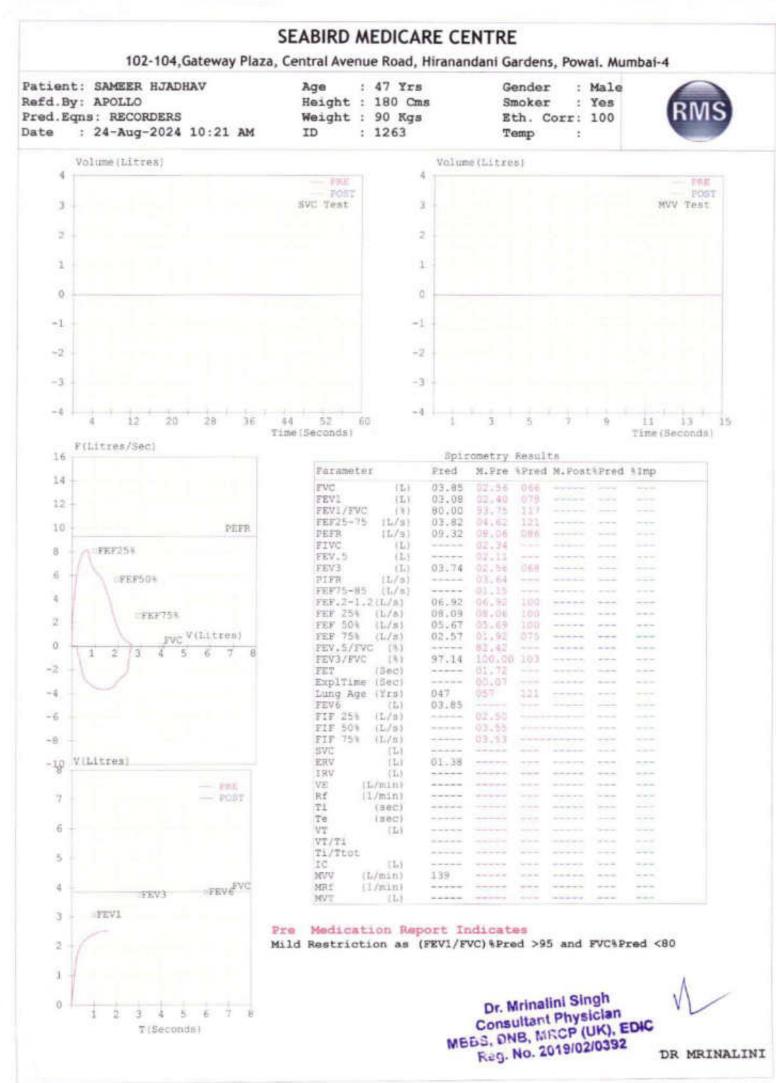
Prundten.

DR. PRIYANKA NERULKAR CONSULTANT RADIOLOGIST

Thanks For Reference: Note the above report represents interpretation of various radiographic shadows, and has its own limitations. This report has to be co-related clinico-pathologically by the referring physician and it does not represent the sole diagnosis.

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The contents of this report require clinical co-relation before any clinical action.

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Sound Instance Vani Sectory of Sound Instance Dens Date Official Date Date Composition 21 June 13



 Report ID
 : SHJM24811226

 Patient Name
 : Mr. SAMEERKUMAR HINDURAO

 Rank
 :

 Ref By
 : DR.PARAG ARVIND PRADHAN

 Reg.
 : 24-Aug-2024

 Report Date
 : 24-Aug-2024

 Company Name
 : M/S. APOLLO HEALTH AND LIFESTYLE

 Age/Sex
 : 47 Year / Male

CHEST X RAY REPORT

X-Ray No : 5063

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.



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TEST REPORT

		L	aboratory Report Lab ID	: 40833812154
Patient DOB	Mr. SAMEERKUMAR H	JADHAV	Ref. By	Registered On: 24-Aug-2024 19:11
			Client Sea Bird Medicare Pvt Ltd - Powai	Collected On:
fel No	8		102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076	24-Aug-2024 19:11
PID No	20		Gardens Powai - 400076	Reported On:
Sex/Age	Male / 47 Years	A A A A A	Processing Location :	24-Aug-2024 21:32
Ret Id	.a.		NDPL - Vidyavihar	
specimen	: Serum			

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
	v	ITAMIN B - 12		
Vitamin B - 12 Level	187.0	pg/mL	187-883	

Introduction :

Vitamin 812, a member of the cornin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with 812 deficiency induced hematological or neurological disease.

Clinical Significance:

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, mulabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/lical damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age. Increases: with age.

Temporarily Increased after Drug. Falsely high in Deteriorated sample.

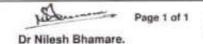
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----- End Of Report





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M.D.Pathology MMC Reg.No.2005/9/3404

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AMEER KUMAR JADHAV (47 M)	ID: 4156	Date: 24-Aug-24	Time: 13:06:06	BP: 120 / 80 mmHg	
hart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt, ON	Amp: 10 mm	HR: 99 bpm	
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iterpretation: NSR			Linkoid Moidian	$I_{SO} = R - 50 \text{ ms} J = R + 60$	ms Post y = J + 60 ms
iterpretation: NSR		Dr. Mrinatint S Consultant Phy	sidan		
TWOL III, OVIZ chiller Spandom V 4.7 hoto valtope - Precovata la ed Rer. By: APOLLO	13	MBBS, DNB, MRCP	(UK) NC		
chiller Spandan V 4.7 hoto VOI+97 Ref. By: APOLLO		Reg. No. 2019/0	2/0392		







1

PID NO.	: CHA1030	Reference :	Reg. Date
Name	: SAMEERKUMAR H JADHAV	Sample Collected At :	24-Aug-2024 /10:20 am
Contract.		Sea Bird Medicare	Coll Date
Sex / Age	: Male / 47 Years	105-107 Gateway Plaza, Central Avenue, Hiranandani	24-Aug-2024 /10:25 am
STORE NO.	Contract (1) (march	Gardens, Powai, Mumbai-400076 Processing Location: - Sea Bird Medicare	
Ref By	: APOLLO HEALTH AND LIFESTYLE	105-107 Gateway Plaza,Central Avenue,Hiranandani	Report Date
	LIMITED	Gardens, Powai, Mumbai 400076	26-Aug-2024 /10:57 am

REPORT

Prostate-Specific Antigen Test

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
TOTAL PSA Serum, Method-ELFA	1.38	ng/mI	Please refer to 'NOTES' below.
Internuceassay system. NOTES REFERENCE RANGE AS Age PSA Concentration <40 Years 0.21 to 1.72 m 40-49 0.27 to 2.19 m 50-59 0.27 to 3.42 m 60-69 0.22 to 6.16 m >60 0.21 to 6.77 mptml INTERPRETATION PSA prostate cancer, but they If prostate cancer is diagn	gimi gimi gimi is used as a tumor marker to screen for a may also be seen with prostatitis and ben osed, the total PSA test may be used as	and to monitor prostate o ign prostatic hyperplasia a monitoring tool to help	ton (ELFA) on MINI VIDAS automated ancer. Elevated levels of PSA are associated with a. PSA levels tend to increase in all men as they age. determine the effectiveness of treatment. It may

also be ordered at regular intervals after treatment, to detect recurrence of the cancer. Concentrations of total PSA between 4.0 ng/ml and 10.0 ng/ml are often referred to as the gray zone. It is in this range that the free PSA is the most useful. When men in the gray zone have decreased levels of free PSA, they have a higher probability of prostate cancer, when they have elevated levels of free PSA, the risk is diminished. The ratio of free to total PSA can help the doctor decide whether or not a prostate biopsy should be performed.

----- End of Report -----



Molly R Lab Technician



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69, Tel: 022- 45032704 Powei: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

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	SE	ABIRD	MEDIC	ARE	ENIR	E POWA	1	
Patient Details	and the set of a set of the set o	: 24-Aug-		Ti	me: 13:1(0:08		
Name: SAMEER KUI	MAR JADHAV	ID: 4156	5					
Age: 47 y	Sex:	M		He	eight: 180) cms.	Weig	ht: 90 Kg.
Clinical History: N	IIL							
Medications: NIL								
Test Details								
Protocol: Bruce		Pr.MH	IR: 173	bpm		THR:	147 (85 % c	of Pr.MHR) bp
Total Exec. Time:	6 m 42 s	Max. I	HR: 160 (92% of F	MHR)b		the second second second	
Max. BP: 160 / 100 r	nmHg	Max. I	BP x HR:	25600	mmHa/m	in Min F	BP x HR: 7	120 mmHg/m
Test Termination Cri							A HILL /	120 11111119/11
AND SAME OF A LOUGH AND A SAME AS A DAMAGE	teria: THR	ACHIEVE	D	1.200			PF A HIN. /	120 mmng/m
	teria: THR	ACHIEVE	D	1			эг х пк 7	120 mmng/m
Protocol Details	teria: THR	ACHIEVE	D				PF X HK. 7	
Protocol Details Stage Name	Stage Time		D	Grade	Heart	Max. BP	Max. ST	Max. ST
		e Mets		Grade (%)				
	Stage Time	e Mets	Speed		Heart	Max. BP	Max. ST Level	Max. ST Slope
Stage Name	Stage Time (min : sec) Mets	Speed (mph)	(%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Stage Name Supine	Stage Time (min : sec 0 : 26	Mets	Speed (mph)	(%) 0	Heart Rate (bpm) 89	Max. BP (mm/Hg) 120 / 80	Max. ST Level (mm) -0.21 aVR	Max. ST Slope (mV/s) 1.42 II
Stage Name Supine Standing	Stage Time (min : sec 0 : 26 0 : 1	• Mets) 1:0 1:0	Speed (mph) 0	(%) 0 0	Heart Rate (bpm) 89 89	Max. BP (mm/Hg) 120 / 80 120 / 80	Max. ST Level (mm) -0.21 aVR -0.21 aVR	Max. ST Slope (mV/s) 1.42 II 1.42 II
Stage Name Supine Standing Hyperventilation	Stage Time (min : sec 0 : 26 0 : 1 2 : 35	Mets 1.0 1.0 1.0	Speed (mph) 0 0	(%) 0 0 0	Heart Rate (bpm) 89 89 96	Max. BP (mm/Hg) 120 / 80 120 / 80 120 / 80	Max. ST Level (mm) -0.21 aVR -0.21 aVR -0.64 aVR	Max. ST Slope (mV/s) 1.42 II 1.42 II 1.42 II
Stage Name Supine Standing Hyperventilation 1	Stage Time (min : sec 0 : 26 0 : 1 2 : 35 3 : 0	Mets) 1.0 1.0 1.0 4.6	Speed (mph) 0 0 0 0 1.7	(%) 0 0 0 10	Heart Rate (bpm) 89 89 89 96 133	Max. BP (mm/Hg) 120 / 80 120 / 80 120 / 80 130 / 80	Max. ST Level (mm) -0.21 aVR -0.21 aVR -0.64 aVR -1.06 V5	Max. ST Slope (mV/s) 1.42 II 1.42 II 1.42 II 2.12 II
Stage Name Supine Standing Hyperventilation 1 2	Stage Time (min : sec 0 : 26 0 : 1 2 : 35 3 : 0 3 : 0	 Mets 1.0 1.0 1.0 4.6 7.0 	Speed (mph) 0 0 0 1.7 2.5	(%) 0 0 0 10 12	Heart Rate (bpm) 89 89 96 133 154	Max. BP (mm/Hg) 120 / 80 120 / 80 120 / 80 120 / 80 130 / 80 140 / 90	Max. ST Level (mm) -0.21 aVR -0.21 aVR -0.64 aVR -1.06 V5 -1.06 aVR	Max. ST Slope (mV/s) 1.42 II 1.42 II 1.42 II 2.12 II 3.89 II

Interpretation

Recovery(3)

Recovery(4)

2:0

0:3

1.0

1.0

The patient exercised according to the Bruce protocol for 6 m 42 s achieving a work level of Max_METS 10.20. Resting heart rate initially 89 bpm, rose to a max. heart rate of 160 (92% of Pr/MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 100 mmHg. No sigificant ST-T changes, TMT negative for inducible ischemia for the workload achieved

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0.

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4

116

116

130/80

130/80

Dr. Mrinalini Singh Consultant Physician MBES, DNB, MRCP (UK), EDIC Reg. No. 2019/02/0392 Doctor: -

-0.64 aVR

-0.42 |||

1.421

0.711

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Ref. Doctor APOLLO (Summary Report edited by user)

