



PID NO. : CIA2026

Name : NAGARAJ L KODEKAL

Sex / Age : Male / 39 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Reg. Date

28-Sep-2024 / 8:42 am

Coll Date

28-Sep-2024 / 8:47 am

Report Date

28-Sep-2024 / 1:45 pm

REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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 guidelines 2022	86.60	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 guidelines 2022	90.47	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.

Molly R
Lab Technician

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



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28-Sep-2024 / 3:43 pm

REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----

Molly R
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"A"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

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

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	14.2	gm/dl	13.0 - 17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	4.61	million / cumm	4.5- 5.5
HCT	41.7	%	40- 50
MCV	90.4	fL	83 - 101
MCH	30.8	pg	27 - 32
MCHC	34.1	gm / dl	31.5 - 34.5
RDW (CV)	13.4	%	11.6- 14.0
Total W.B.C. Count	5420	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	59	%	40 - 80
Lymphocytes	34	%	20 - 40
Eosinophils	04	%	1 - 6

LATHA SONAWANE
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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	269000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(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 -----

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28-Sep-2024 / 1:46 pm

REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	10	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

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REPORT

Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HbA1c	5.53	%	4 - 5.69
Pre-Diabetic : 5.7 - 6.4 %			
Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)			
Mean Blood Glucose (MBG)	119.57	mg/dl	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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 suggested.
- To estimate the eAG from the HbA1C value, the following equation is used : $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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 %
- Test done on Mispas i3 Automated Cartridge Based Specific Protein Analyser.

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REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	154.96	mg/dl	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	83.03	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	51.19	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	87.16	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	16.61	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	3.03		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

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REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	1.70		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

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

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REPORT

LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
S.G.O.T. (Serum, Method-IFCC / UV without P5P)	14.85	U/L	0 - 40
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	52.00	U/L	40 - 129
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	14.13	U/L	0 - 41
GGT (Serum, Method- IFCC Method)	19.31	U/L	8 - 61
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.78	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.22	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.56	mg/dl	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	7.56	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	4.61	g/dl	3.5 - 5.2
Globulin Calculated	2.95	g/dl	1.90 - 3.70
A/G ratio Calculated	1.56		

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

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REPORT

LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----

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RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	23.49	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	10.97	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.76	mg/dL	0.62 - 1.17 mg/dl
Uric Acid Serum, Method: Uricase-POD	6.44	mg/dl	3.4 - 7.0

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

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

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Report Date

28-Sep-2024 / 3:38 pm

REPORT

THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	2.39	µIU/ml	0.25-5 µIU/ml
T3	1.2	nmol/l	0.92-2.33 nmol/l
T4	83.6	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent 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: Triiodothyronine 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 >99.9% of T4 is protein-bound, primarily to thyroglobulin (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 -----

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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.5		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
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)

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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / 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), Blood(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 -----

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SEA BIRD MEDICARE CENTRE POWAI

Patient Details Date: 28-Sep-24 Time: 11:01:41 AM
 Name: NAGARAJ KODEKAL ID: 2951
 Age: 39 y Sex: M Height: 169 cms. Weight: 75 Kg.
 Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 181 bpm THR: 153 (85 % of Pr.MHR) bpm
 Total Exec. Time: 10 m 56 s Max. HR: 155 (86% of Pr.MHR)bpm Max. Mets: 13.50
 Max. BP: 170 / 100 mmHg Max. BP x HR: 26350 mmHg/min Min. BP x HR: 6160 mmHg/min
 Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	77	120 / 80	-0.85 aVR	1.06 II
Standing	0 : 2	1.0	0	0	77	120 / 80	-0.64 aVR	1.06 II
Hyperventilation	0 : 1	1.0	0	0	77	120 / 80	-0.64 aVR	1.06 II
1	3 : 0	4.6	1.7	10	89	120 / 80	-3.40 aVL	2.83 I
2	3 : 0	7.0	2.5	12	95	140 / 90	-4.26 aVL	4.95 I
3	3 : 0	10.2	3.4	14	134	160 / 100	-5.94 I	5.66 I
Peak Ex	1 : 56	13.5	4.2	16	155	170 / 100	-4.67 V5	5.31 II
Recovery(1)	1 : 0	1.8	1	0	94	170 / 100	-3.18 III	-5.66 aVR
Recovery(2)	1 : 0	1.0	0	0	84	150 / 90	-1.91 III	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	91	130 / 80	-1.91 III	4.95 II
Recovery(4)	0 : 13	1.0	0	0	94	130 / 80	-0.85 aVR	2.48 V3

Interpretation

The patient exercised according to the Bruce protocol for 10 m 56 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 77 bpm, rose to a max. heart rate of 155 (86% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 100 mmHg. No significant ST- T changes, TMT negative for inducible ischemia for the workload achieved



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

Doctor: ----

Ref. Doctor: APOLLO

(Summary Report edited by user)

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SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 18 s **HR: 77 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 120 / 80

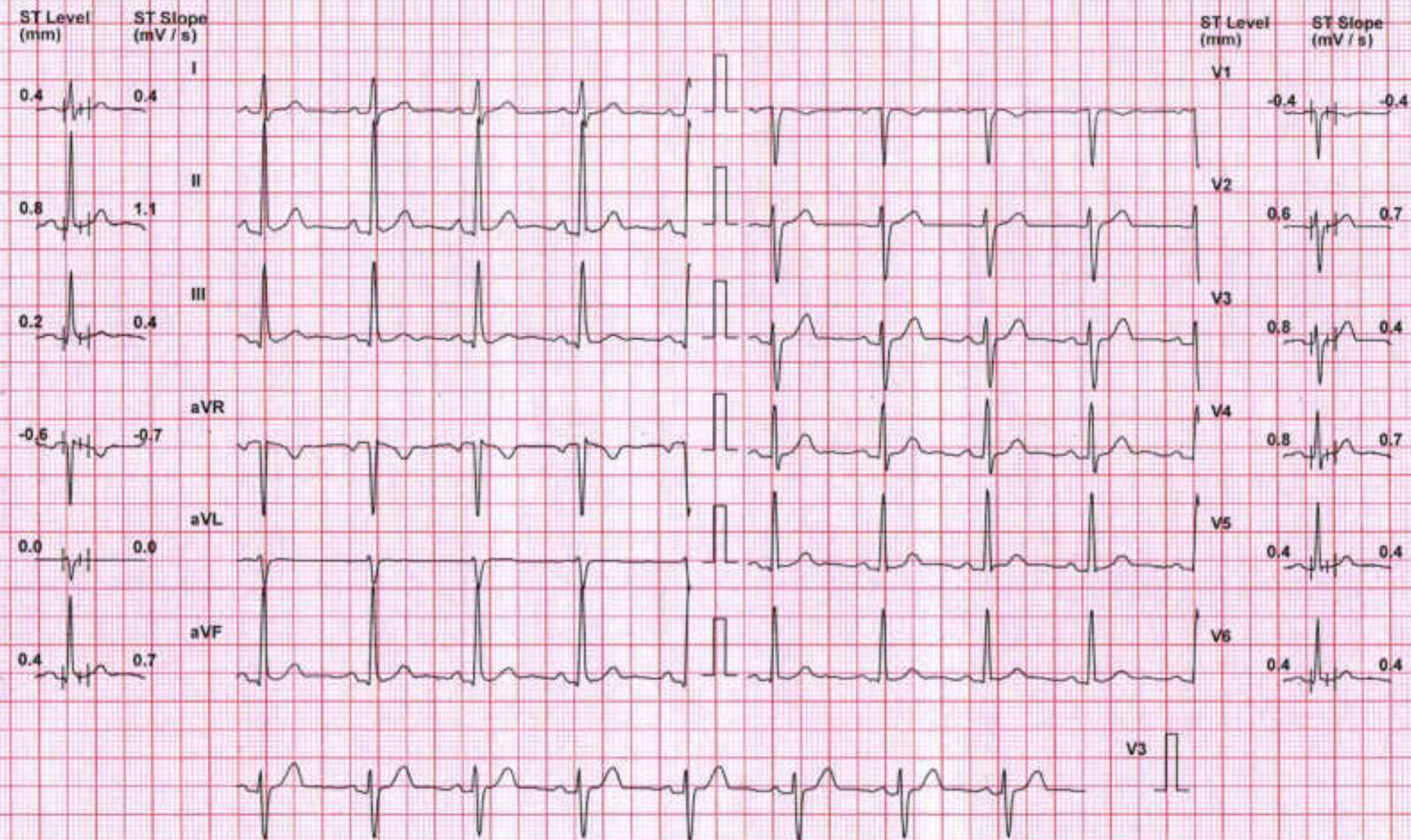


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 120 / 80

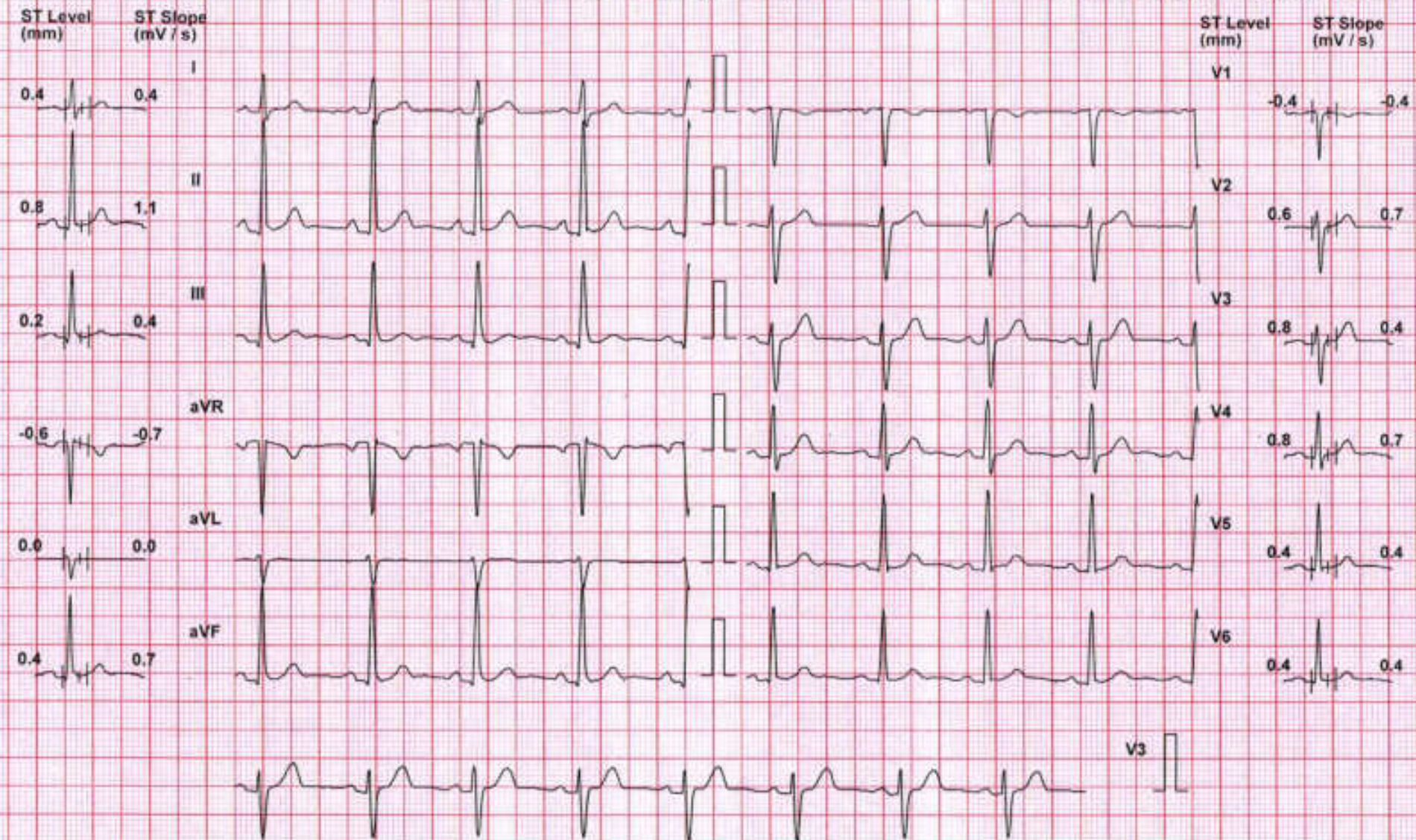


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 77 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 120 / 80

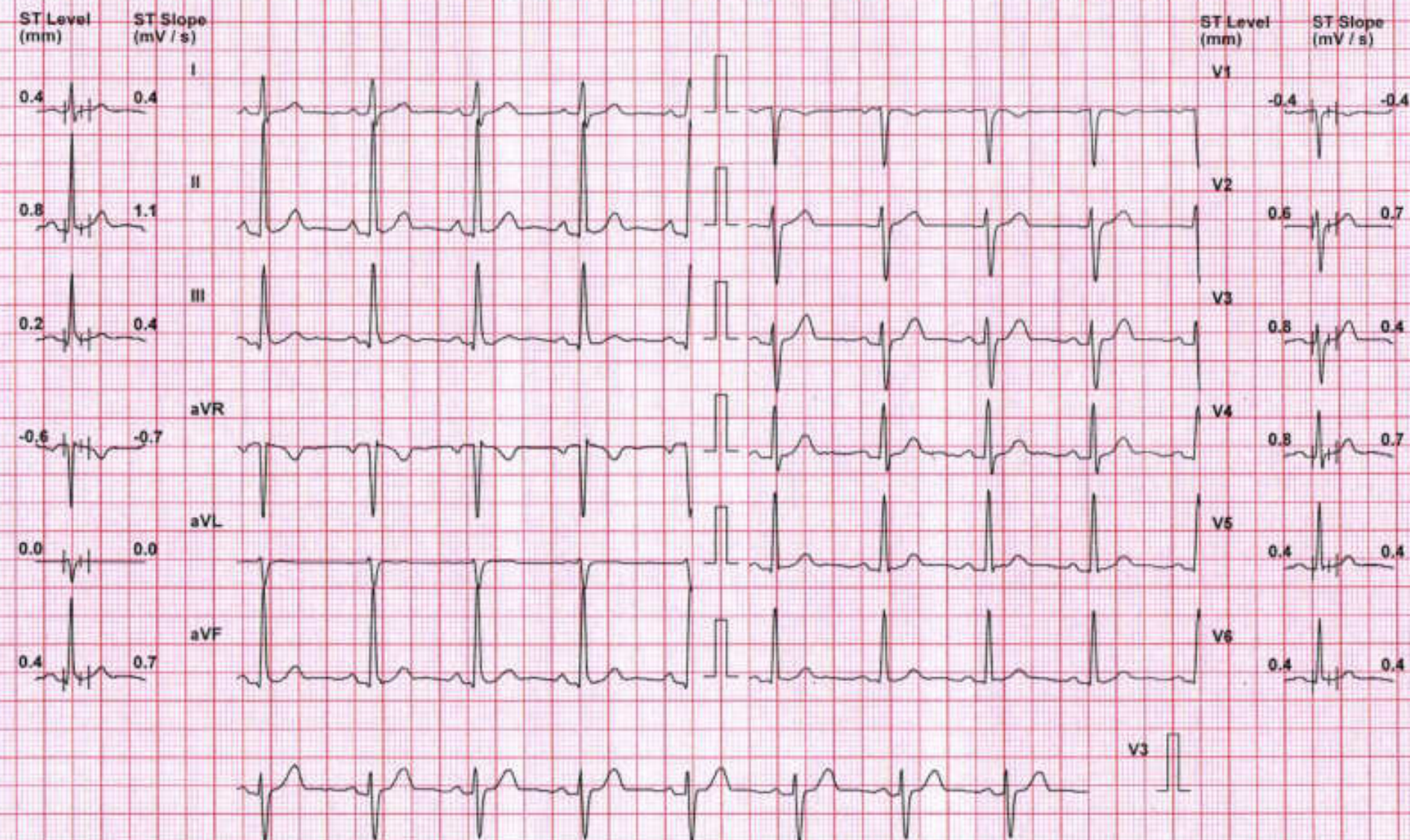


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandee V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time 3 m 0 s

Stage Time 3 m 0 s

HR: 89 bpm

Protocol: Bruce

Stage 1

Speed: 1.7 mph

Grade: 10 %

(THR: 153 bpm)

B.P: 120 / 80

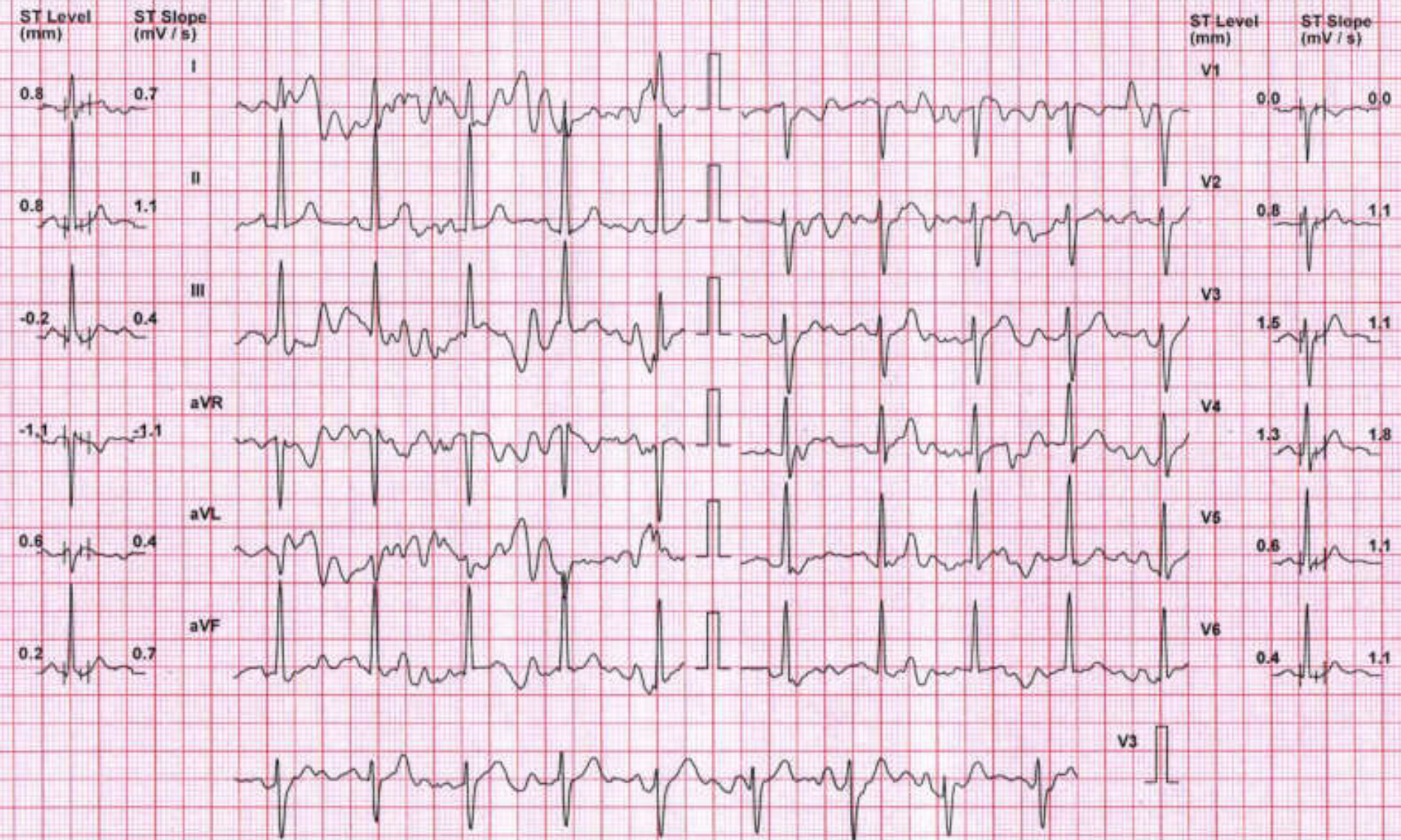


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24 Exec Time : 5 m 42 s Stage Time : 2 m 42 s HR: 95 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 153 bpm)

B.P: 140 / 90

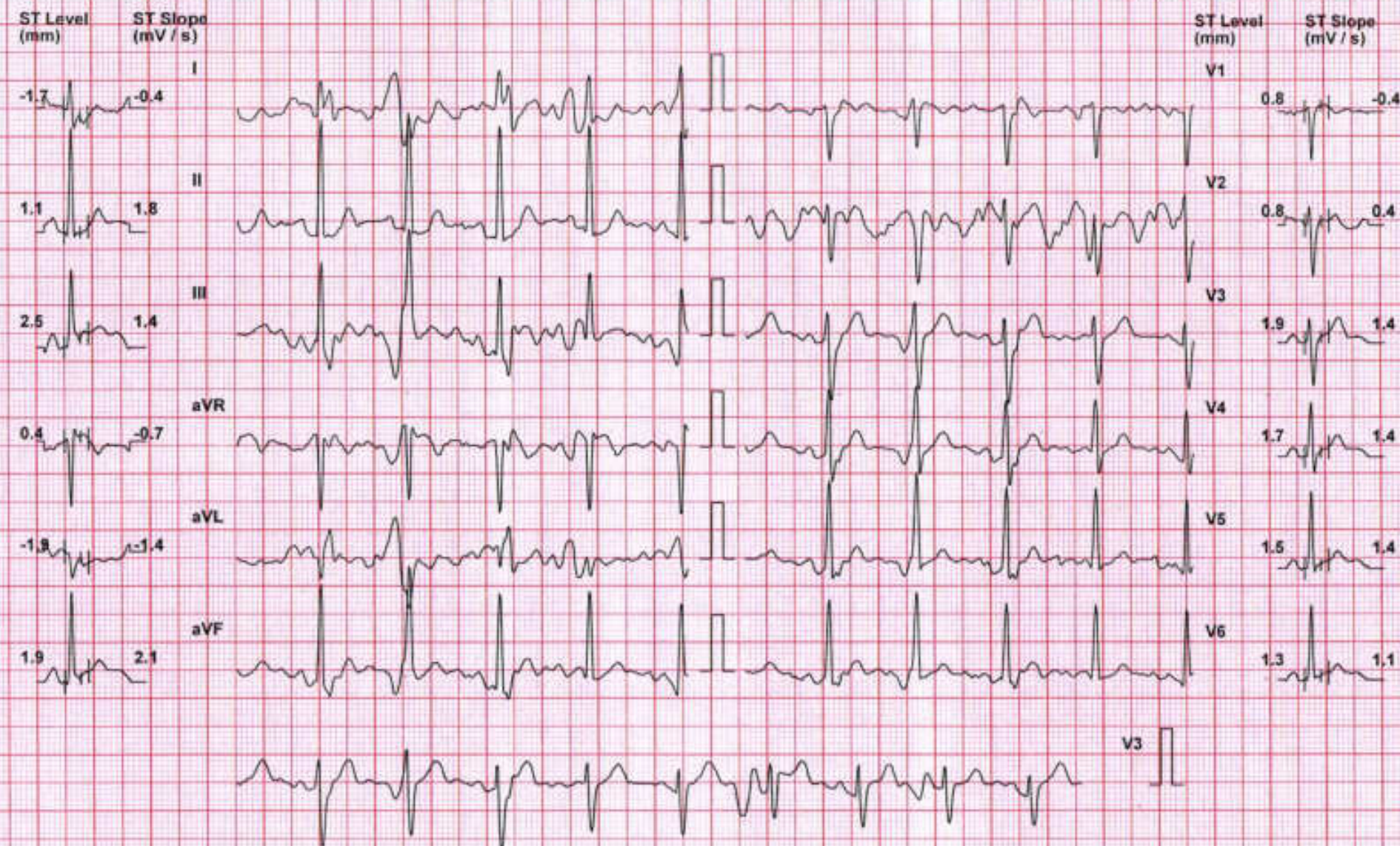


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiffers Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 134 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 153 bpm)

B.P: 160 / 100

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

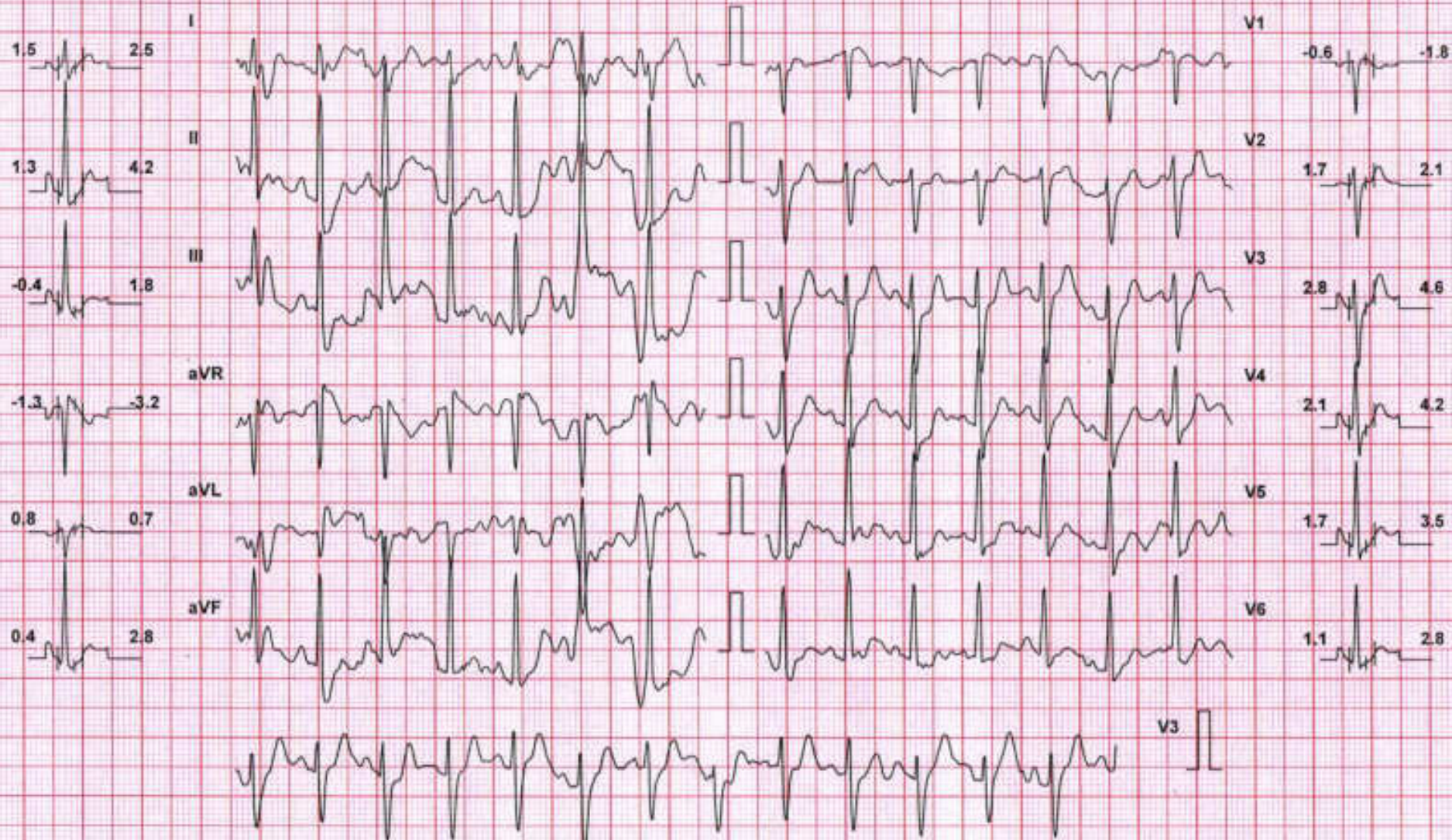


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Schäler Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time : 10 m 56 s

Stage Time : 1 m 56 s

HR: 155 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 153 bpm)

B.P: 170 / 100

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

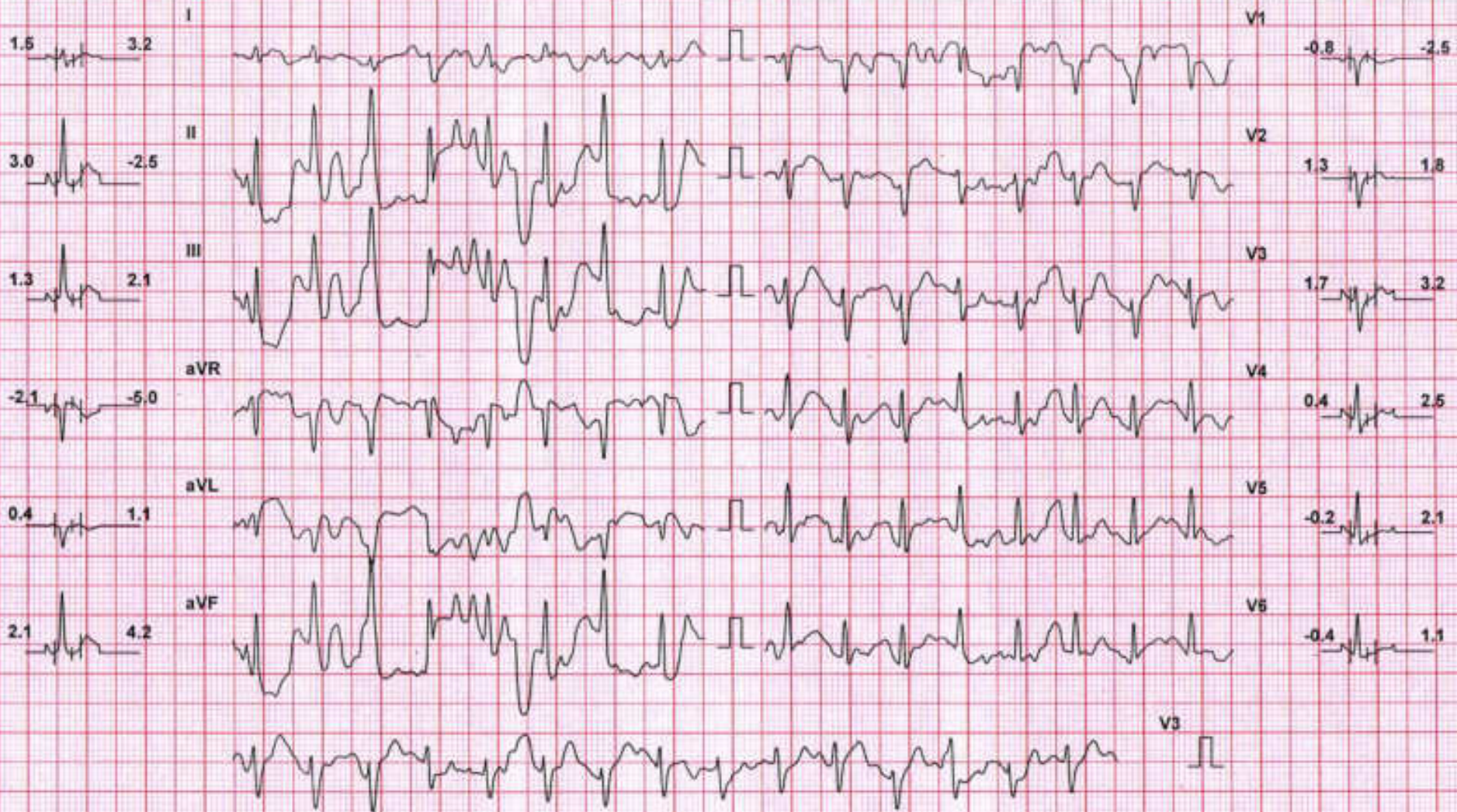


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

No + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24 Exec Time 10 m 56 s Stage Time 1 m 0 s **HR: 94 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 170 / 100

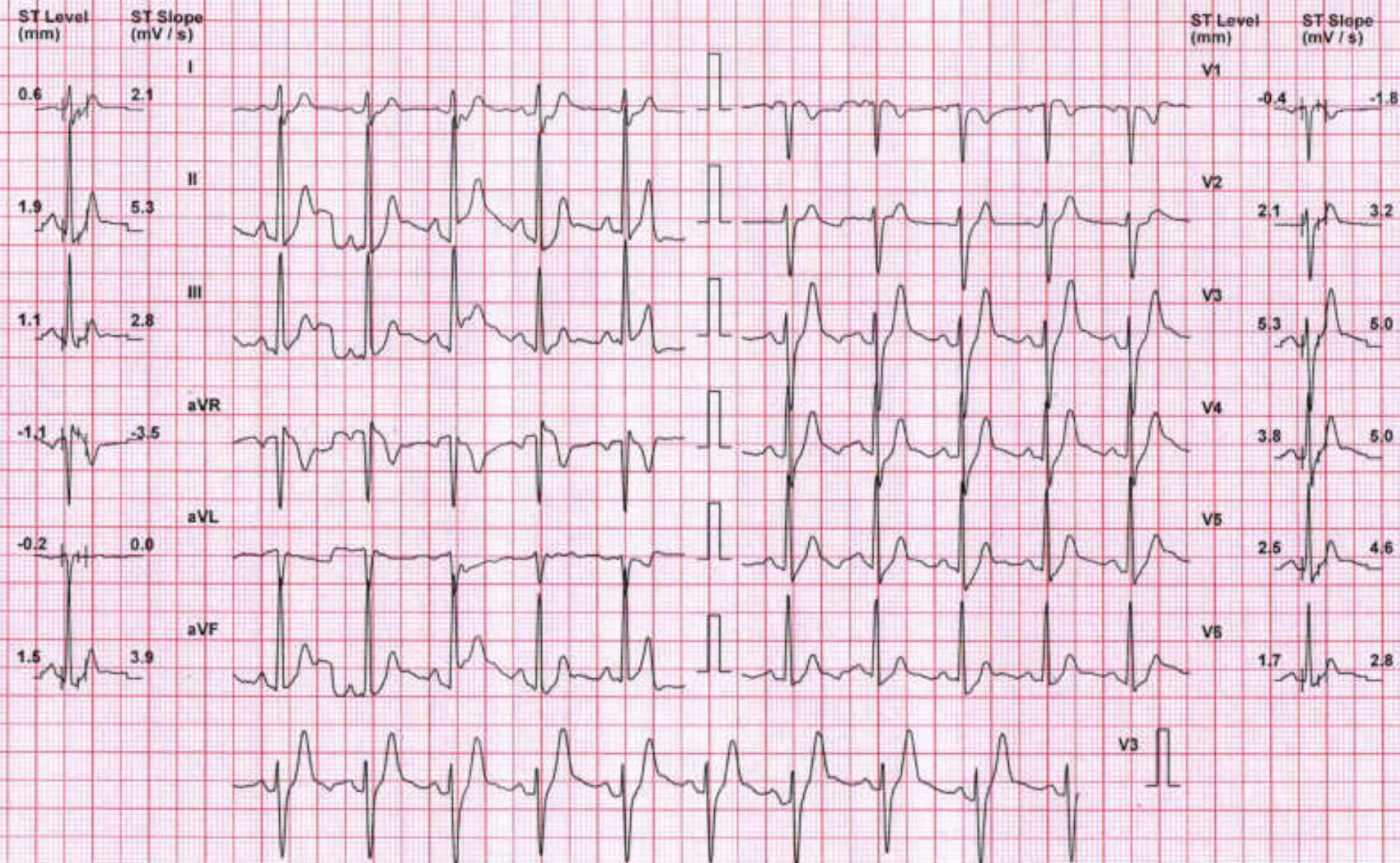


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time : 10 m 56 s

Stage Time : 0 m 30 s

HR: 84 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 150 / 90

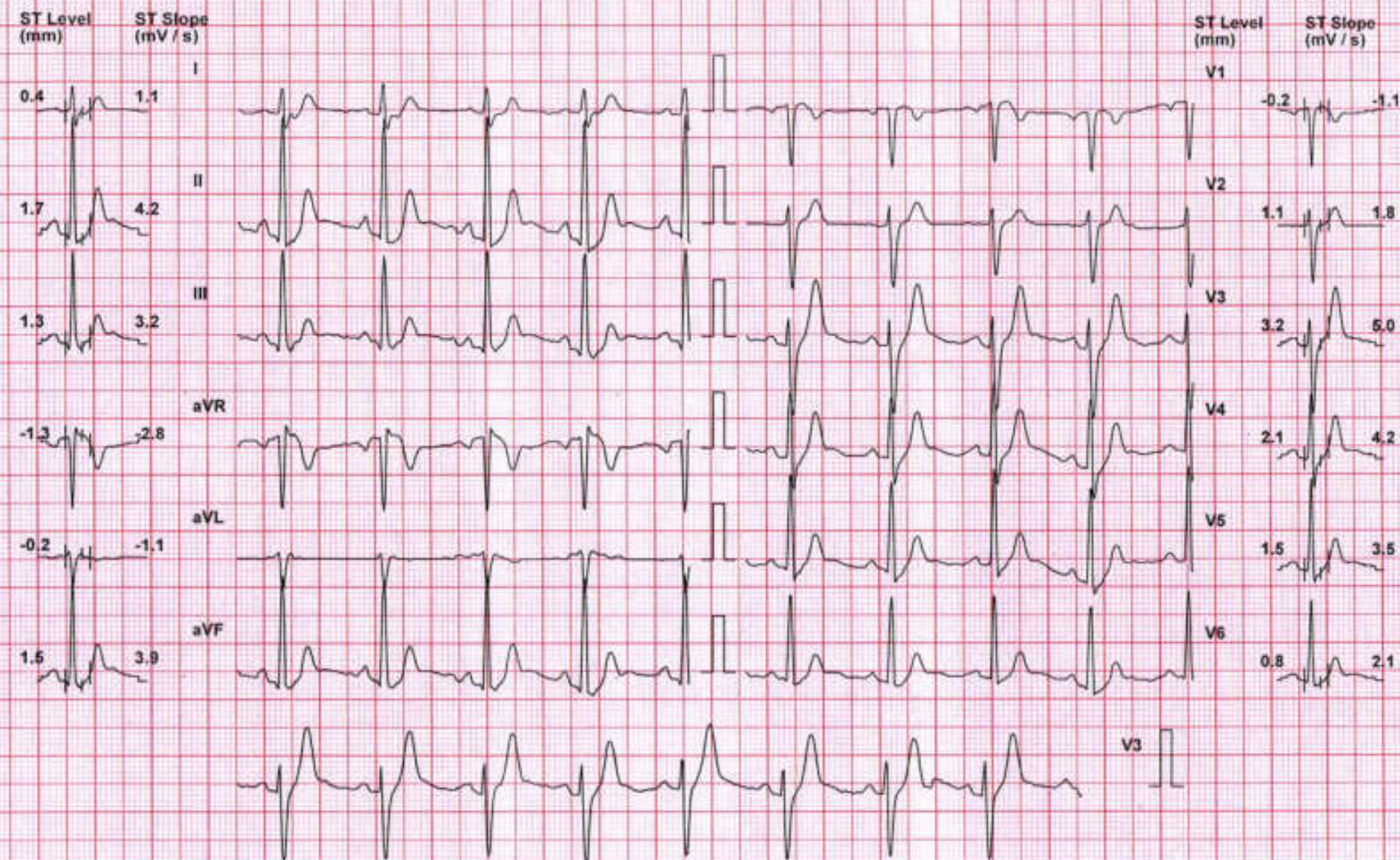


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isa = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.7

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Exec Time: 10 m 56 s

Stage Time: 1 m 0 s

HR: 91 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 130 / 80

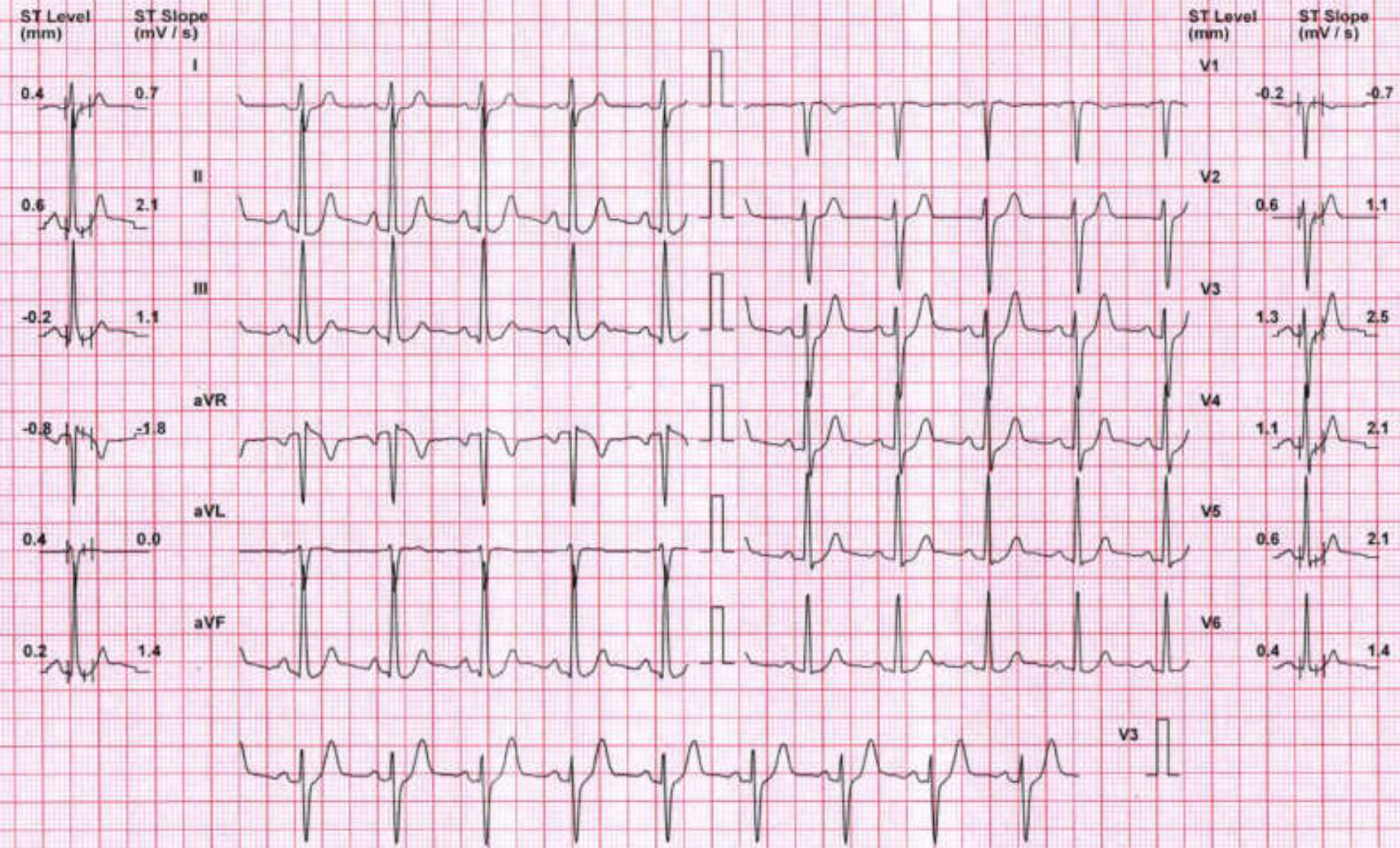


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

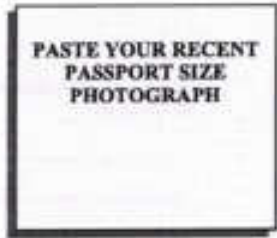
Post J = J + 60 ms

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Annexure-2

Self-Health Declaration

(Please ✓ Mark Where Applicable)



1 PERSONAL DETAILS:

Name: First Name Nagaraj Middle Name L. Surname Kodekal.
Address: Flat NO: 902, 9th floor, Subh-Heritage, Padmavati
Dev Marg, Opp. IIT Market, Powai - 400076.
City: Mumbai Pin: _____
Birth Place: Talikoti Birth Date: 31/7/1985 Religion: Hindu.
(dd/mm/yyyy)
Post applied for: _____ Marital Status: Married / Unmarried Gender: M / F

2 PREVIOUS EMPLOYMENT: Yes / No If yes specify

Name	Nature of work	Duration
i)		
ii)	<u>NA</u>	
iii)		

3 NAME OF FAMILY DOCTOR:

Address: NA

Contact Details:

4 PERSONAL HABITS:

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol Occasional.
- iv) Any other

5 MEDICAL HISTORY:

i) **ANY DISABILITY:** Yes / No if yes specify with disability %

NA

ii) **PERSONAL HISTORY:**

Are you in good health and capable of full work? Yes No
Have you ever suffered from job related disease or injury? Yes No
Have you ever been discharged or rejected on medical grounds? Yes No

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

iii) Have you ever suffered from any of the following (Answer Yes or No, if yes, give details)

Y	N		Y	N	
		Hypertension			Hepatitis-B
		Diabetes			Cancer
		Heart disease			Stroke
		Kidney diseases			Bronchitis
		Tuberculosis			Any allergy
		Chronic lung disease (e.g. Pleurisy Pneumonia etc.)			Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
		Epilepsy, Fits, Fainting or Dizziness			Mental disorder of any kind
		Any major operation or injury			Any other illness

Details of the above if "Yes")

Ulcer top in Abdomen.

(For female candidates only)

Are you pregnant at present?

Y	N
---	---

Date of L.M.P. _____

iv) Immunization:

Yes No

Tetanus Toxoid		
Hepatitis B		
Others		

low'd [2 doses]

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any other Disease	<input type="checkbox"/>	<input type="checkbox"/>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father	86	Good.	/	
Mother	63	Good.		
Spouse	35	Good.		
Children-1	7	Good.		
Children -2	4	Good.		

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.

Date: 28/9/24.


(Signature of Candidate)

MER- MEDICAL EXAMINATION REPORT

Date of Examination	28/9/2024.	
NAME	Sagaly R.L	
AGE	Gender	Male
HEIGHT(cm)	WEIGHT (kg)	
B.P.	130/80 mmHg	
ECG / <i>fast</i>	WNL	
X Ray	Normal	
Vision Checkup	Color Vision : \odot	
	Far Vision Ratio : 6/6 \odot	
	Near Vision Ratio : 15 \odot	
Present Ailments	-	
Details of Past ailments (If Any)	Chicken Pox In Childhood.	
Comments / Advice : She /He is Physically Fit		



Signature with Stamp of Medical Examiner

Dr. Mrinalini Singh
 Consultant Physician
 MBBS, 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 abagadej - K. L on 28/9/2024.

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

	Tick
<ul style="list-style-type: none">• 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>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>


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

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



ಭಾರತ ಸರ್ಕಾರ

Government of India



ನಾಗರಾಜ ಕೊಡೇಕಲ್
Nagaraj Kodekal

ಜನ್ಮ ದಿನಾಂಕ / DOB : 31/07/1985
ಪುರುಷ / Male



4332 1557 5769

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Report ID : NLKM28914216 Reg. : 28-Sep-2024
Patient Name : Mr. NAGARAJ L KODEKAL Report Date : 28-Sep-2024
Rank : Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Ref By : DR.PARAG ARVIND PRADHAN Age/Sex : 39 Year / Male

CHEST X RAY REPORT

X-Ray No : 5683

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.




Dr. Jacob
Mathew MD

Proudly... Caring For You

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

Postal: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

ELG

SEA BIRD MEDICARE CENTRE POWAI

NAGARAJ KODEKAL (39 M)

ID: 2951

Date: 28-Sep-24

Time: 10:57:52 AM BP: 120 / 80 mmHg

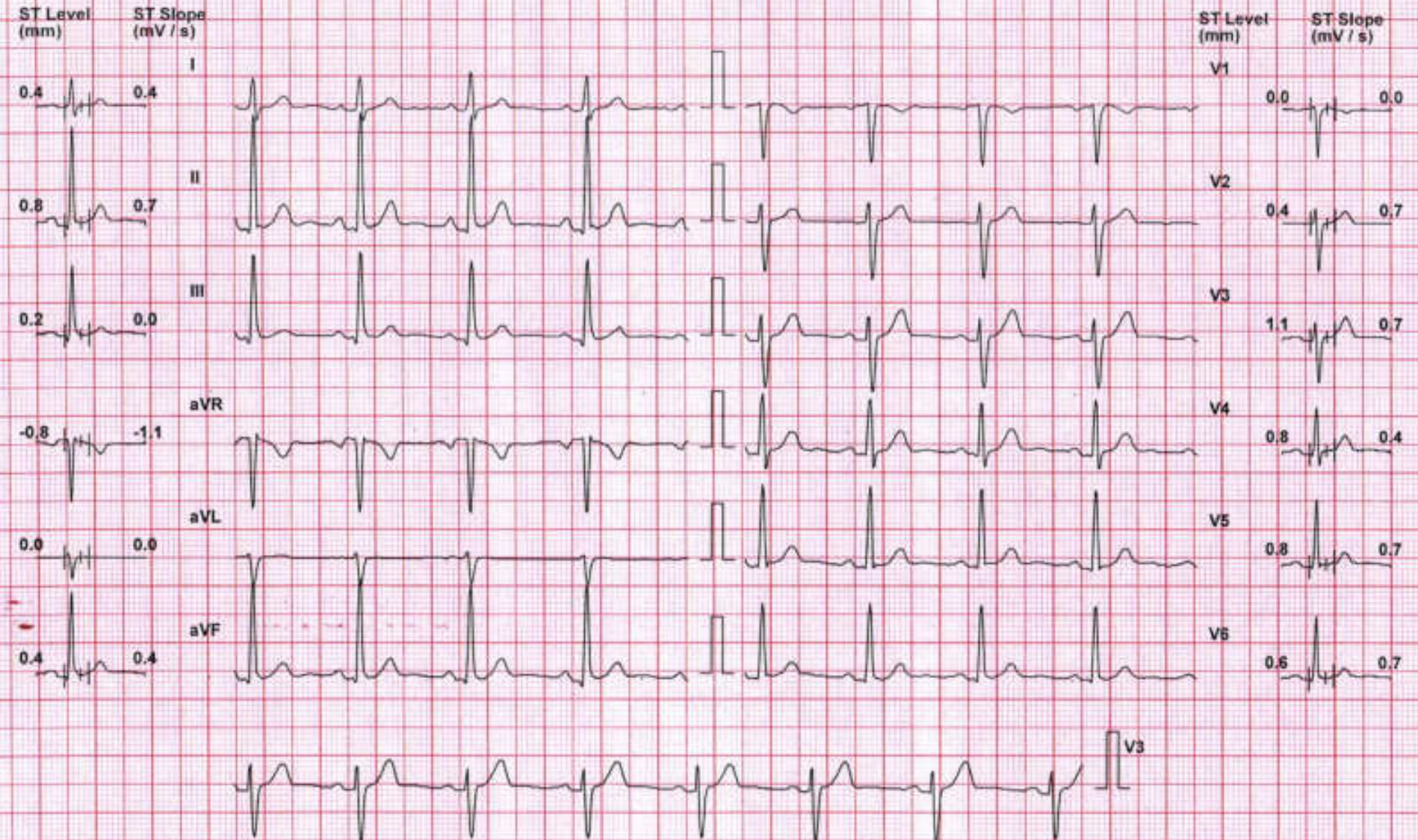
Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

HR: 74 bpm



Interpretation:

WNL

Dr. Mrinalini Singh
 Consultant Physician
 MBE, DNB, (FRCR) (UK), EDIC
 Reg. No. 2010/02/0392

Isa = R - 50 ms J = R + 50 ms Post J = J + 50 ms



Name: Mr. NAGARAJ KODEKALE

Age : 39Y

Sex : Male

Date : 28/09/2024

Ref Dr : APOLLO

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size 12.2cm 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.

KIDNEYS: 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 10.7 x 4.6cm. Left kidney measures 10.7 x 4.2cm.

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

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

PROSTATE: Prostate is normal in size measuring 3.1 x 3.1 x 3.4cm (17.6gm) 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.

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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