



Patient Name : Mr.MOHAMMAD AFSAN

Age/Gender : 43 Y 6 M 26 D/M UHID/MR No : SCHI.0000022393

Visit ID : SCHIOPV33670

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 523350 Collected : 20/Jul/2024 08:46AM Received : 20/Jul/2024 09:24AM

Reported : 20/Jul/2024 11:23AM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

---

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240190039



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: Mr.MOHAMMAD AFSAN

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# **DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                            | Result  | Unit                       | Bio. Ref. Range | Method                       |
|--------------------------------------|---------|----------------------------|-----------------|------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA          |         |                            |                 |                              |
| HAEMOGLOBIN                          | 13.9    | g/dL                       | 13-17           | CYANIDE FREE<br>COLOUROMETER |
| PCV                                  | 43.90   | %                          | 40-50           | PULSE HEIGHT AVERAGE         |
| RBC COUNT                            | 4.59    | Million/cu.mm              | 4.5-5.5         | Electrical Impedence         |
| MCV                                  | 95.6    | fL                         | 83-101          | Calculated                   |
| MCH                                  | 30.3    | pg                         | 27-32           | Calculated                   |
| MCHC                                 | 31.7    | g/dL                       | 31.5-34.5       | Calculated                   |
| R.D.W                                | 15.5    | %                          | 11.6-14         | Calculated                   |
| TOTAL LEUCOCYTE COUNT (TLC)          | 5,390   | cells/cu.mm                | 4000-10000      | Electrical Impedance         |
| DIFFERENTIAL LEUCOCYTIC COUNT        | (DLC)   | '                          |                 | <u>'</u>                     |
| NEUTROPHILS                          | 54.9    | %                          | 40-80           | Electrical Impedance         |
| LYMPHOCYTES                          | 36      | %                          | 20-40           | Electrical Impedance         |
| EOSINOPHILS                          | 0.9     | %                          | 1-6             | Electrical Impedance         |
| MONOCYTES                            | 7.3     | %                          | 2-10            | Electrical Impedance         |
| BASOPHILS                            | 0.9     | %                          | <1-2            | Electrical Impedance         |
| ABSOLUTE LEUCOCYTE COUNT             |         |                            |                 |                              |
| NEUTROPHILS                          | 2959.11 | Cells/cu.mm                | 2000-7000       | Calculated                   |
| LYMPHOCYTES                          | 1940.4  | Cells/cu.mm                | 1000-3000       | Calculated                   |
| EOSINOPHILS                          | 48.51   | Cells/cu.mm                | 20-500          | Calculated                   |
| MONOCYTES                            | 393.47  | Cells/cu.mm                | 200-1000        | Calculated                   |
| BASOPHILS                            | 48.51   | Cells/cu.mm                | 0-100           | Calculated                   |
| Neutrophil lymphocyte ratio (NLR)    | 1.53    |                            | 0.78- 3.53      | Calculated                   |
| PLATELET COUNT                       | 152000  | cells/cu.mm                | 150000-410000   | IMPEDENCE/MICROSCOPY         |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10      | mm at the end<br>of 1 hour | 0-15            | Modified Westergren          |
| PERIPHERAL SMEAR                     |         |                            |                 |                              |

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240190039





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# **DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

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: Mr.MOHAMMAD AFSAN

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Emp/Auth/TPA ID : 523350 Collected

: 20/Jul/2024 08:46AM

Received

: 20/Jul/2024 09:24AM

Reported Status

: 20/Jul/2024 04:11PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                     | Result              | Unit | Bio. Ref. Range | Method  |
|-------------------------------|---------------------|------|-----------------|---|
| BLOOD GROUP ABO AND RH FACTOR | R, WHOLE BLOOD EDTA |      |                 | <u>'</u>  |
| BLOOD GROUP TYPE              | AB                  |      |                 | Forward & Reverse<br>Grouping with<br>Slide/Tube Aggluti          |
| Rh TYPE                       | POSITIVE            |      |                 | Forward & Reverse<br>Grouping with<br>Slide/Tube<br>Agglutination |

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: Mr.MOHAMMAD AFSAN

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Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 523350

Collected

: 20/Jul/2024 08:46AM

Received

: 20/Jul/2024 09:54AM

Reported Status : 20/Jul/2024 11:17AM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method    |
|------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING, NAF PLASMA | 96     | mg/dL | 70-100          | GOD - POD |

#### **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:

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

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: Dr.SELF : 523350

Collected

: 20/Jul/2024 10:59AM

Received

: 20/Jul/2024 11:27AM

Reported

Status

: 20/Jul/2024 12:53PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit  | Bio. Ref. Range | Method    |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2<br>HOURS, SODIUM FLUORIDE PLASMA<br>(2 HR) | 92     | mg/dL | 70-140          | GOD - POD |

#### **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.

Dr Nidhi Sachdev M.B.B.S, MD(Pathology) Consultant Pathologist

SIN No:PLP1475227

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: Mr.MOHAMMAD AFSAN

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Visit ID Ref Doctor : SCHIOPV33670

Emp/Auth/TPA ID

: Dr.SELF : 523350

Collected

: 20/Jul/2024 08:46AM

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: 20/Jul/2024 09:40AM

Reported

Status

: 20/Jul/2024 11:15AM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                  | Result | Unit | Bio. Ref. Range | Method             |
|--|--------|------|-----------------|--------------------|
| ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM | 44     | U/L  | <50             | Visible with P-5-P |

#### **Comment:**

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

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

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

| Test Name                   | Result | Unit  | Bio. Ref. Range | Method                    |
|-----------------------------|--------|-------|-----------------|---------------------------|
| BILIRUBIN, TOTAL , SERUM    | 1.70   | mg/dL | 0.20-1.20       | DIAZO METHOD              |
|                             |        |       |                 |                           |
| Test Name                   | Result | Unit  | Bio. Ref. Range | Method                    |
| BUN/CREATININE RATIO, SERUM |        |       |                 |                           |
| BLOOD UREA NITROGEN         | 9.6    | mg/dL | 8.0 - 23.0      | Calculated                |
| CREATININE                  | 0.80   | mg/dL | 0.5-1.04        | Creatinine amidohydrolase |
| BUN / CREATININE RATIO      | 11.98  |       |                 | Calculated                |
|                             |        |       |                 |                           |
| Test Name                   | Result | Unit  | Bio. Ref. Range | Method                    |
| CREATININE, SERUM           | 0.80   | mg/dL | 0.5-1.04        | Creatinine amidohydrolase |

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Received Reported : 20/Jul/2024 01:16PM : 20/Jul/2024 04:02PM

Status

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: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF CLINICAL PATHOLOGY**

#### ARCOFEMI - MEDIWHEEL - PMC PACK H - 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            | Physical measuremen        |
| pH                           | 5.0                 |          | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY                  | 1.030               |          | 1.002-1.030      | Dipstick                   |
| BIOCHEMICAL EXAMINATION      |                     |          |                  |                            |
| URINE PROTEIN                | NEGATIVE            |          | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE                      | NEGATIVE            |          | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN              | NEGATIVE            |          | NEGATIVE         | AZO COUPLING<br>REACTION   |
| URINE KETONES (RANDOM)       | NEGATIVE            |          | NEGATIVE         | SODIUM NITRO<br>PRUSSIDE   |
| UROBILINOGEN                 | NORMAL              |          | NORMAL           | MODIFED EHRLICH REACTION   |
| NITRITE                      | NEGATIVE            |          | NEGATIVE         | Griess reaction            |
| LEUCOCYTE ESTERASE           | NEGATIVE            |          | NEGATIVE         | Diazonium salt             |
| CENTRIFUGED SEDIMENT WET M   | OUNT AND MICROSCOPY | <b>(</b> |                  |                            |
| PUS CELLS                    | 4-5                 | /hpf     | 0-5              | Microscopy                 |
| EPITHELIAL CELLS             | 1-2                 | /hpf     | <10              | MICROSCOPY                 |
| RBC                          | ABSENT              | /hpf     | 0-2              | MICROSCOPY                 |
| CASTS                        | ABSENT              |          | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS                     | ABSENT              |          | ABSENT           | MICROSCOPY                 |

# **Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:UR2390259





Patient Name : Mr.MOHAMMAD AFSAN

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF CLINICAL PATHOLOGY**

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

\*\*\* End Of Report \*\*\*

Page 9 of 9



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2390259



Name : Mr. Mohammad Afsan

Age: 43 Y

Sex: M

Address: C-822, POCKET-11 JANTA FLATS JASOLA

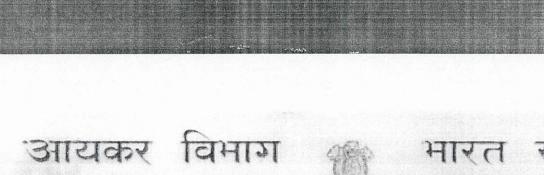
: ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT

UHID:SCHI.0000022393

OP Number: SCHIOPV33670 Bill No: SCHI-OCR-11529 Date : 20.07.2024 08:39

| Sno | Serive Type/ServiceName                                | Department |
|-----|--|------------|
| 1   | ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324 |            |
|     | BILIRUBIN, TOTAL - SERUM                               |            |
|     | 2 GLUCOSE. FASTING                                     |            |
|     | 3 HEMOGRAM + PERIPHERAL SMEAR                          |            |
|     | 4 ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM           |            |
|     | 5 COMPLETE URINE EXAMINATION                           |            |
|     | 6 PERIPHERAL/SMEAR                                     |            |
| *   | TCG /  |            |
| Y   | 8 CREATININE, SERUM                                    |            |
|     | 9 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)     |            |
| -AF | X-RAY CHEST PA   |            |
| 1   | I FITNESS BY GENERAL PHYSICIAN                         |            |
| 1   | 2 BLOOD GROUP ABO AND RH FACTOR                        |            |
| 9   | SOPTHAL BY GENERAL PHYSICIAN 1                         |            |
| 1   | 4 BUN/CREATININE RATIO                                 |            |

Height:.... Weight:...



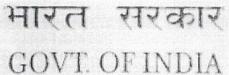
MOHAMMAD AFSAN

INCOME TAX DEPARTMENT

MOHAMMAD HANIF

25/12/1980
Permanent Account Number
AIPPA9155M

md. Afsau Signature





09092006

# PHC Desk

From:

noreply@apolloclinics.info

Sent:

19 July 2024 10:48

To: Cc: network@mediwheel.in phc.klc@apollospectra.com; syamsunder.m@apollohl.com;

cc.klc@apollospectra.com

Subject:

Your appointment is confirmed



# Dear Mohammad Afsan Mohammad,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at SPECTRA NEHRU ENCLAVE clinic on 2024-07-20 at 09:45-10:00.

| Payment Mode      |  |
|-------------------|--|
| Corporate Name    | ARCOFEMI HEALTHCARE LIMITED                              |
| Agreement<br>Name | [ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]   |
| Package Name      | [ARCOFEMI - MEDIWHEEL - PMC PACK H - 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.

# CERTIFICATE OF MEDICAL FITNESS

| This is to certify that I have conducted the clinical examination                                      |
|--|
| of Mohd Ajsan on 20/7  |
| After reviewing the medical history and on clinical examination it has been found that he/she is       |
| Tick   |
| Medically Fit  |
| Fit with restrictions/recommendations S.B.L.1.70   |
| Though following restrictions have been revealed, in my opinion, these are not impediments to the job. |
| 2 Pursonal I mot   |
| 2 Pursonal Imon  |
| 3 Report of 3000   |
| However the employee should follow the advice/medication that has been communicated to him/her.        |
| Review after   |
| Currently Unfit.     Review after  |
| • Unfit  |
| Dr. Meain  |
| Medical Officer  |
| The Apollo Clinic, Uppal   |
| This certificate is not meant for medico-legal purposes  |

# <u>Pre – Employment Medical Check – up Status report</u>

| Date: 20/             |   |
|-----------------------|---|
| This is to certify th | nat Mr. /Ms. /Mrs. Mohal Afsan          |
| age43,4               | M/F, pre-employment medical check-up on |
| 202                   | is declared medically FIT YUNFIT        |
| for duties.           | c le comerdal                           |

Dr. Navneet Kaur

(Medical Officer)



# PRE - EMPLOYMENT EXAMINATION

| Name- Mohal Alsan<br>MRN: 22353        | Age / Sex - 4            | Buter 20/7.  Acofemi   |
|--|--------------------------|--|
| Significant History                    | Operated (               | o ladney stong   |
| Gen                                    | eral Physical Examinatio | n  |
| Height: 166                            | Weight: 62.7             | BP: 126/86   |
| Pulse: Sol m                           | Pallor : NO              | Temp:  |
| Edema:                                 | Cyanosis: W              | L.N. :   |
| JVP: WR<br>Jaundice: W                 | Other:                   |  |
|  |                          |  |
| Respiratory: Abdomen: Ear Examination: | Cardiovascular:          |  |
|  | Findings                 |  |
| Blood Test: 5 R1                       | 1.7                      |  |
| Blood Test: 5 B1 L Urine:              | Stool:                   |  |
| CXR:                                   | ECG: W                   |  |
| Reports are attached herewith          |                          |  |
| Recommendation                         |                          |  |
| Final Impression : FIT / UNFIT         | E le comerolet           | (Signature of Consultant)  |
|  |                          | The state of the s |

| HOSPITALS | APOLLO SPECIALTY HOSPITALS                        | V1.92  | 2.22 SEM   | .5s+lr V   | 1/S 10m.m/mV 4*2.5s+Ir V2.22 SEMIP  | 0.67~25Hz AC50 25mm/s | 0.67-25   |
|-----------|---|--|--|--|---|-----------------------|---|
|           |   | <u> </u>   | \[ \frac{1}{\tau} \]                                     | <u>}</u>   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |                       | Į <b>a</b>  |
|           |   | <b>V3</b>  | <b>\$</b>  | }  | aVF \   |                       |   |
|           |   | (V)  | 4  | 5  | a <sub>ML</sub>   |                       | JE J          |
|           |   | <u> </u>   |  | 3  | aVR   | <b>}</b>              |   |
| × ×       | Information: hythm hythm nal ECG**** onfirmed by: | Diagnosis Information Sinus Rhythm ***Normal ECG*** Report Confirmed by: | 2<br>bpm<br>ms<br>ms<br>ms<br>ms<br>ms<br>ms<br>ms<br>ms | 09:50:42<br>: 67 bpm<br>: 86 ms<br>: 135 ms<br>: 86 ms<br>: 86 ms<br>: 379/401<br>: 49/12/33<br>: 1968/0.971 | 20-07-2024 09:50:42<br>HR : 67 b<br>P : 86 m<br>PR : 135 m<br>QRS : 86 m<br>QT/QT/CBz : 379/401<br>P/QRS/T 49/12/3<br>RV5/SV1 ::1.968/0 | af san                | ID: 22393 mohammad af san Male 43Years Req. No. : |

My. Mohammad Afsan 20/1/24

Way MI

Specialists in Surgery

Eye checkup

No Ho wing flow

No Ho systemic disease

Y 6/6

MCT /7 Junety colony (Normal

Beve No Acceptance 6/6 B/F ED

Add +1.00 BS NG B/F

Slit Leep examt

H'S Mormal B/C.

As Normal Bfr.
Pupil reachion Normal Bfr.
Fundus (work Bfe.

Darakhohen 20/7/24



# **DIGITAL X-RAY REPORT**

| NAME: MAHAMMAD AFSAN | DATE: 20.07.2024       |
|----------------------|------------------------|
| UHID NO: 22393       | AGE: 43 YRS/ SEX: Male |

# X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

DR. DEEPIKA AGARWAL Consultant Radiologist

Dr. DEEPIKA AGARWAL

Consultant Radiologist

DMC No. 56777

Apollo Speciality Hospitals (P) Ltd.

A-2, Chirag Enclave, Greater Kailash-1

New Delhi-110048

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048 Ph: 011-40465555, 9910995018 | www.apollospectra.com