


8, 9, 12 + NITANANT

Name : Mrs. POORNIMA Address : mysore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 29 Y Sex : F	UHID :CMYS.0000060192  OP Number :CMYSOPV123780 Bill No :CMYS-OCR-22796 Date : 23.03.2024 09:17
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAICOLOGY CONSULTATION → P	
7	DIET CONSULTATION → P	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	148
11	ECG	
12	LBC PAP TEST- PAPSURE	55-7
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	100 (70)
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X RAY CHEST PA	
19	DENT CONSULTATION → R	
20	FITNESS BY GENERAL PHYSICIAN → P	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN → P	
25	ULTRASOUND - WHOLE ABDOMEN → P	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of DOOR NIMA on 23/03/2024

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 	✓
<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. Ravi Chetan Kumar A
 Medical Officer
 The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

(CIN U85110TG2000PLC115819)
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Apollo Clinic

23, 1st Floor,
 Kalidasa Road, Mysore - 02

Ph: 0821-4006000

TO BOOK AN APPOINTMENT
1860 500 7788

This certificate is not meant for medico-legal purposes

Date : 23-03-2024
 MR NO : CMYS.0000060192
 Name : Mrs. POORNIMA
 Age/ Gender : 29 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Dr. Ravi Chethan Kumar A
 M.B.B.S., M.D.
 KMC Reg. No. 17008
 Apollo Clinic, K.D. Road, Mysore

Consultation Timing: 09:17

Height: 148 cm	Weight: 55.7 kg	BMI:	Walst Circum:
Temp:	Pulse:	Resp:	B.P: 100/70

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

Kalo An pathane

AHC

No Coagul

OK SE

UP

R |

S

A

CS

[Handwritten Signature]

Follow up date :

Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Date : 23-03-2024
MR NO : CMYS.0000060192

Department : GENERAL
Doctor :

Name : Mrs. POORNIMA

Registration No : optical

Age/ Gender : 29 Y / Female

Qualification :

Consultation Timing: 09:17

Height: 148cm	Weight: 55.7kg	BMI:	Waist Circum:
Temp:	Pulse: 7	Resp:	B.P: 100/70

General Examination /
Allergies History

-NO-

Clinical Diagnosis & Management Plan

Not wearing spectacles.

Headache, watering -
on straining

vision

(R)

(L)

Far

6/6

6/6

Near

NG

NG

colour.

Not affected.

Follow up date :

Regular follow up

Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 23-03-2024
MR NO : CMYS.0000060192

Department : GENERAL
Doctor :

Name : Mrs. POORNIMA

Registration No :

Age/ Gender : 29 Y / Female

Qualification :

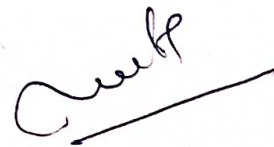
Consultation Timing: 09:17

Height: 148cm	Weight: 55.7kg	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Nose |
Throat | - NAD
Ears - O.K. - m - about,



Follow up date :

Doctor Signature
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Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 23-03-2024
MR NO : CMYS.0000060192

Department : GENERAL Dentary
Doctor :

Name : Mrs. POORNIMA

Registration No :

Age/ Gender : 29 Y / Female

Qualification :

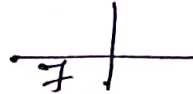
Consultation Timing: 09:17

Height: 148	Weight: 55.7 kg	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E



H/O RCT

Adv - crown

upper arch proclined

Adv - ortho intervention

Follow up date :


Doctor Signature

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Date : 23-03-2024
MR NO : CMYS.0000060192

Department : GENERAL
Doctor :

Name : Mrs. POORNIMA
Age/ Gender : 29 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:17

Height : 148cm	Weight : 55.7 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

hypo
PT - Thyroid +
100µg OD ✓

MT Regular with
LMP - 14/3/24

MI → 3yrs. P/L.
1yr 8m
US
S/I
A/H

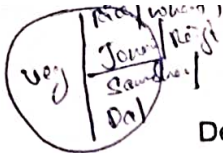
PT - hypothyroid.

O/E → left breast - hard in the
lower quadrant

mammogram.

Follow up date :


Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Date : 23-03-2024
MR NO : CMYS.0000060192

Department : GENERAL Dietetics
Doctor : Pradheer. B.

Name : Mrs. POORNIMA

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PHD

Age/ Gender : 29 Y / Female

Consultation Timing: 09:17

TBW - 48kg

Height : 148 cm	Weight : 55.7kg	BMI : 25.4 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 109/70

General Examination / Allergies History


ESR - 34
Total cholesterol - 227
HDL - 39
Non HDL - 188
LDL - 170.9
chol/HDL - 5.87

Clinical Diagnosis & Management Plan

⇒ Advised low fat, high protein diet with fiber rich foods.
⇒ Avoid cruciferous vegetables like cabbage, cauliflower, broccoli, soyab & its products.
⇒ Dietary guidelines chart is given.

Keto - Hypothyroidism

Follow up date :

 - B.P
23/3/2024
Doctor Signature

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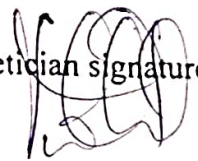
Department- Dietetics

Name- Madhura B P

Qualification- M.Sc Nutrition & Dietetic
PhD*

- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger.

Dietician signature


B. P
23/3/2021

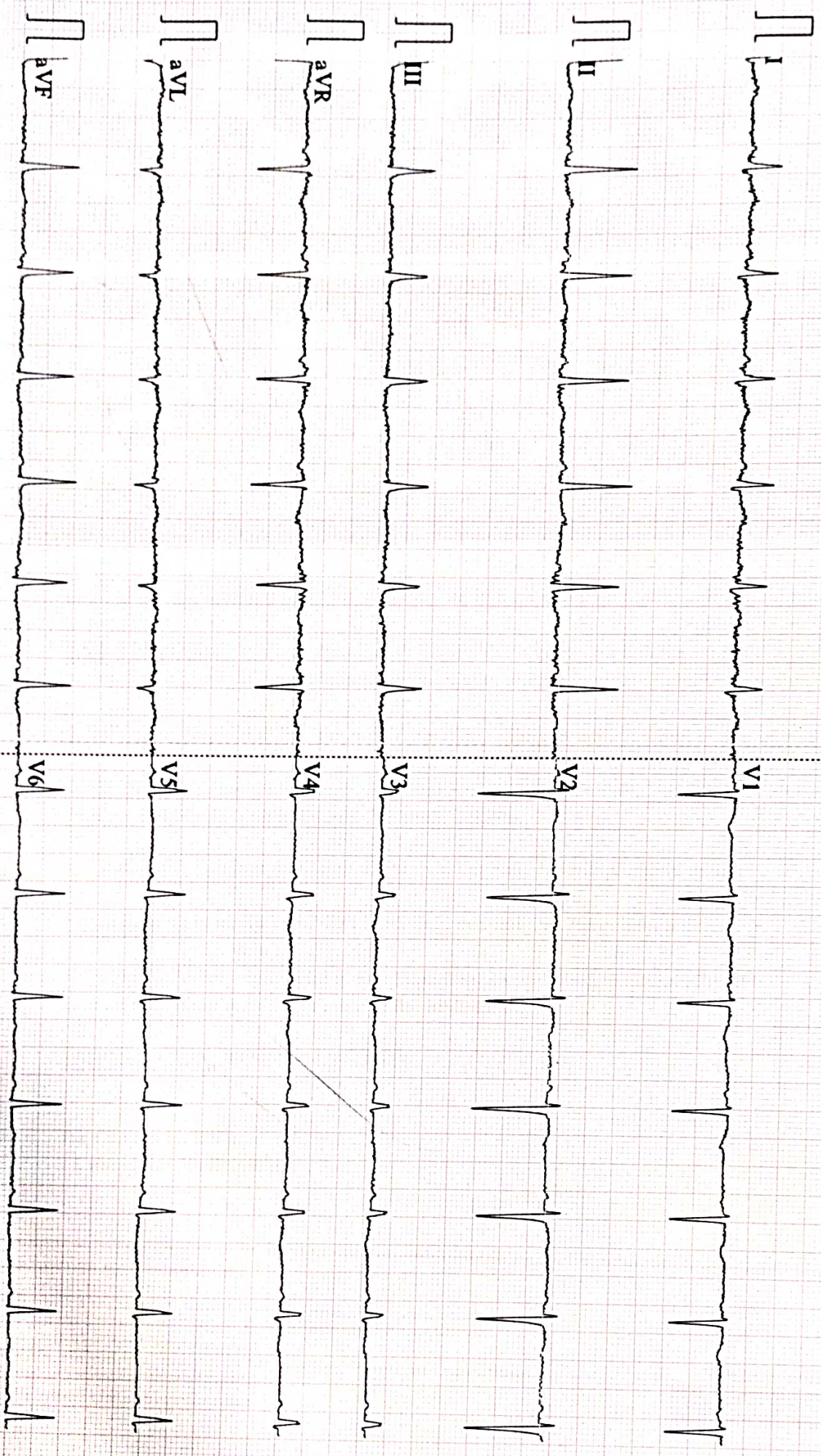
MRS POORNIMA
Female 29 Years
148cm 55kg 100/70 mmHg

23-03-2024 10:48:44 AM

Diagnosis Information:

Unconfirmed Report.

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0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 78 CARDIART 8 D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU

Patient Name: Mrs. POORNIMA	Date : 23.03.2024	Referring Doctor: DR Self
Age / Sex: 29Yrs/Female	UHID No : 060192	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 9.1x3.6 cm with parenchymal thickness of 1.2cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.1x4.7 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.


UTERUS: It is anteverted and measures 8x3.8x4.9 cm with ET=5.8 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 3.4x1.4 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.8x1.7cm. It is normal. No mass lesion seen.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. POORNIMA	Age & Sex; 29Yrs /Female
Date : 23.03.2024	UHD No:0060192

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 65 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. POORNIMA	Age & Sex; 29Yrs /Female
Date : 23.03.2024	UHID No:0060192

Measurements

AO : 2.6 cm
LA : 2.6 cm

RV : 2.1 cm
LVIDd : 4.20 cm
LVIDs : 2.70 cm
IVSd : 0.79 cm
IVSs : 1.11 cm
PWd : 0.79 cm
PWs : 0.95 cm
EF : 65.0 %
FS : 35.0 %

Doppler

MV	TV	AV	PV
E 0.80 m/s	E --- m/s	V max 1.93 m/s	V max 0.65 m/s
A: 0.55 m/s	A --- m/s		

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)
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TO BOOK AN APPOINTMENT

1860 500 7788

Informed Consent/Declaration For Test Exclusion

Patient Name: Mrs. Poojamma Age: 29y / F

UHID Number: 60192

Please tick and sign the relevant part

I certify that I will skip Chest X-ray Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature Poojamma Date 23/03/24

Witness signature: [Signature] Date: 23/03/24

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