

Physical Examination			
Name Mr / Mrs / Miss		Mrs. Nayalakeshvari . S	
Age / Gender		30 yrs	Male / Female <input checked="" type="checkbox"/>
		DATE OF CHECK UP	
HEIGHT	150		Cms
WEIGHT	60.4		Kgs
BLOOD PRESSURE (if above 140/90 need 3 readings)	1) 110/70		Mm/Hg
	2)		
	3)		
BMI	26.8		
WAIST	82		
HIP	96		
WAIST HIP RATIO	0.85		Min
RESPIRATORY RATE	18		Min
PULSE	78		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION	
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

**APOLLO MEDICAL CENTER**  
Door No 11/4, Sivaprakasam Street, T.Nagar,  
Chennai - 600017.  
Ph No 044-24341086 / 24335315 / 16/18/19

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai ( Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery )

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name <b>NAGACHAK SHAMI .S</b>	Date <b>09/03/24</b>
Age <b>30</b>	UHID No. <b>206020</b>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	(6/36)	(6/24?)
DV-BCVA :	+2.00 (6/6)	+1.25 (6/6)
NEAR VISION :	N6	N6
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>[Signature]</i>	<i>[Signature]</i>

Mrs Nagalakshmi.  
30/1/24

09/02/2024

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies  
History

Chronic  
Asthma, L01

To do

with D3

Follow up date:



Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.