

Name	NIVEDITA KANCHAW	Date	23/03/24
Age	37	UHID No.	206952
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	(1/60)	(6/6)
DV-BCVA :		
NEAR VISION :	N18	N6
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Difficult	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :	Best to ophthalmologist	

APOLLO CLINIC

CONSENT FORM

Patient Name Mrs. Nivedita Karan Age 37 yrs / Female
UHID Number 206252 company Name Arco femi - Medi wheel.

I Mr/Mrs/Ms Mrs. Nivedita Karan Employee of Arco femi - Medi wheel

(Company) Want to inform you that I am not interested in getting TMT & Echo both,
Tests done which is part of my routine health check package. Not interested.

And I claim the above statement in my full consciousness. Urine R/E, Urine (F)
(PP)

Patient Signature ncan Date 03/03/24

APOLLO MEDICAL CENTRE
11/4, Sivaprakasam Street, Pondy Bazaar
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95001 66355

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@apollohi.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

Alvedita 32/7

23.3.24.

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

General Examination / Allergies
History

at clo Swelling below eyes
no H/o see. cold
cough.

I/s: Scur: Blc Tm intact.

nose: Dsc - mild

Thr: clear.

Tr: Heavily abnormal.

Δ - Snet clinically
Normal.

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Follow up date:

Doctor Signature & Stamp

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



Dr. HARI K. ...

CERTIFICATE OF MEDICAL FITNESS

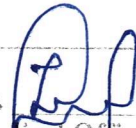
This is to certify that I have conducted the clinical examination

of Mrs. Niveeta Kanchar, 37y/f

on 25/03/2024

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

<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> <ol style="list-style-type: none"> <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. Review afterrecommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>


 Dr. HARI K. ...
 Medical Officer
 The Apollo Clinic, Location: ...
 Apollo Family Physician
 Reg. No. 151903

This certificate is not meant for medico-legal purposes

Physical Examination			
Name Mr / Mrs / Miss	Mrs. Nivedita Kancharan.		
Age / Gender	37 yrs	Male / Female	DATE OF CHECK UP
HEIGHT	156	Cms	
WEIGHT	70.8	Kgs	
BLOOD PRESSURE (If above 140/90 need 3 readings)	1) 130/70		
	2)		
	3)		
BMI	29.0		
WAIST	84		
HF	104		
WAIST HIP RATIO	0.80	Min	
RESPIRATORY RATE	18	Min	
PULSE	94		
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							

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