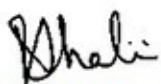


Patient Name : Mrs.V SRILAKSHMI RAMANA
 Age/Gender : 34 Y 8 M 0 D/F
 UHID/MR No : CMAN.0000102647
 Visit ID : CMANOPV220721
 Ref Doctor : Self
 Emp/Auth/TPA ID : 35ES770

Collected : 26/Oct/2024 10:08AM
 Received : 26/Oct/2024 12:49PM
 Reported : 26/Oct/2024 02:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:CMK241002743

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 01:02PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 04:19PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

Variant Hemoglobin suspected. Advised Hb electrophoresis to rule out Hemoglobinopathies. To correlate clinically with blood Glucose levels. Recommendation: Glucose tolerance/ Fructosamine test for further correlation.

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 01:16PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 04:18PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.35	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.06	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 01:15PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 03:41PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.779	µIU/mL	0.38-5.33	CLIA

Comment:

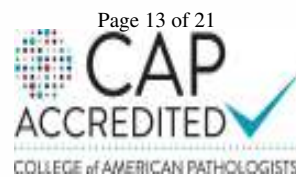
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

Sujana
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 02:34PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 04:11PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:CMK241002748

This test has been performed at Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad



Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 01:17PM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 07:08PM
UHID/MR No : CMAN.0000102647	Reported : 28/Oct/2024 03:32PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF CYTOLOGY

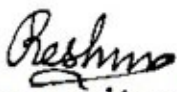
LBC PAP SMEAR , VAGINAL SAMPLE

	CYTOLOGY NO.	23679/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

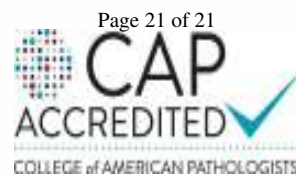
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:CMK241002827

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 11:18 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35ES770		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 96 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

NON SPECIFIC ST.T WAVE

---End Of The Report---



Dr. Tripti Deb
MD, DNB
APMC/FMR/77804
Cardiology

Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 04:57 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES770		

DEPARTMENT OF RADIOLOGY

USG WHOLE ABDOMEN

Liver appears normal in size, shape and increased echotexture. No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended.

Spleen appears normal. No focal lesion seen. Spleenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder :- is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size and echogenesity. Hyper echoic structure noted in the endometrial canal of IUCD (Intra uterine contraceptive device). Endometrial echo-complex appears normal and measures 4 mm.

Both ovaries

Right ovary –not visualized.

Left ovary – Cyst measuring 47 x 42 mm noted in the left adenexa region. Few septations and internal echoes noted in it. Left ovary is not seperately seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :-

-GRADE II FATTY LIVER.

-LEFT OVARIAN CYST.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.

---End Of The Report---



Dr. MOHD ABDUL RAWOOF

--

APMC/FMR/75694

Radiology

Patient Name : Mrs. v srilakshmi ramana Age : 34Yrs 8Mths 3Days
UHID : CMAN.0000102647 OP Visit No. : CMANOPV220721
Printed On : 28-10-2024 06:43 AM Advised/Pres Doctor : --
Department : Radiology Qualification : --
Referred By : Self Registration No. : --
Employer Id : 35ES770

DEPARTMENT OF RADIOLOGY

X RAY CHEST PA

Cardiac is normal.
Both lungs fields appear normal.
Both hilae are normal.
Both costophrenic and cardiophrenic angles are normal.
The cardiac and mediastinal shadows appear normal.
Bones and soft tissues appear normal.

IMPRESSION :

NORMAL STUDY.

---End Of The Report---



Dr. MD RAHEEMUDDIN QURESHI
MBBS, DMRT
43212
Radiology

Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 11:19 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES770		

DEPARTMENT OF CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

133 BPM

Standing:

169 BPM

Protocol Used:

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

93%

% HR / METS:

173 BPM / 7.50 METS

Reason for Terminating Test:

MAX HR ATTITANED

Total Exercise Time:

06:20 MIN

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

NORMAL

IV Fitness Response :

GOOD

IMPRESSION:

NORMAL T M T

---End Of The Report---



Dr. Tripti Deb
MD, DNB
APMC/FMR/77804
Cardiology

34 Years Female

APOLLO CLINIC
MADIKONDA
HYDERABAD

Location:
Order Number:
Visit:

Room:

96 bpm
- / - mmHg

Technician:
Ordering pn:
Referring pn:
Attending pn:

Indication:
Medication 1:
Medication 2:
Medication 3:

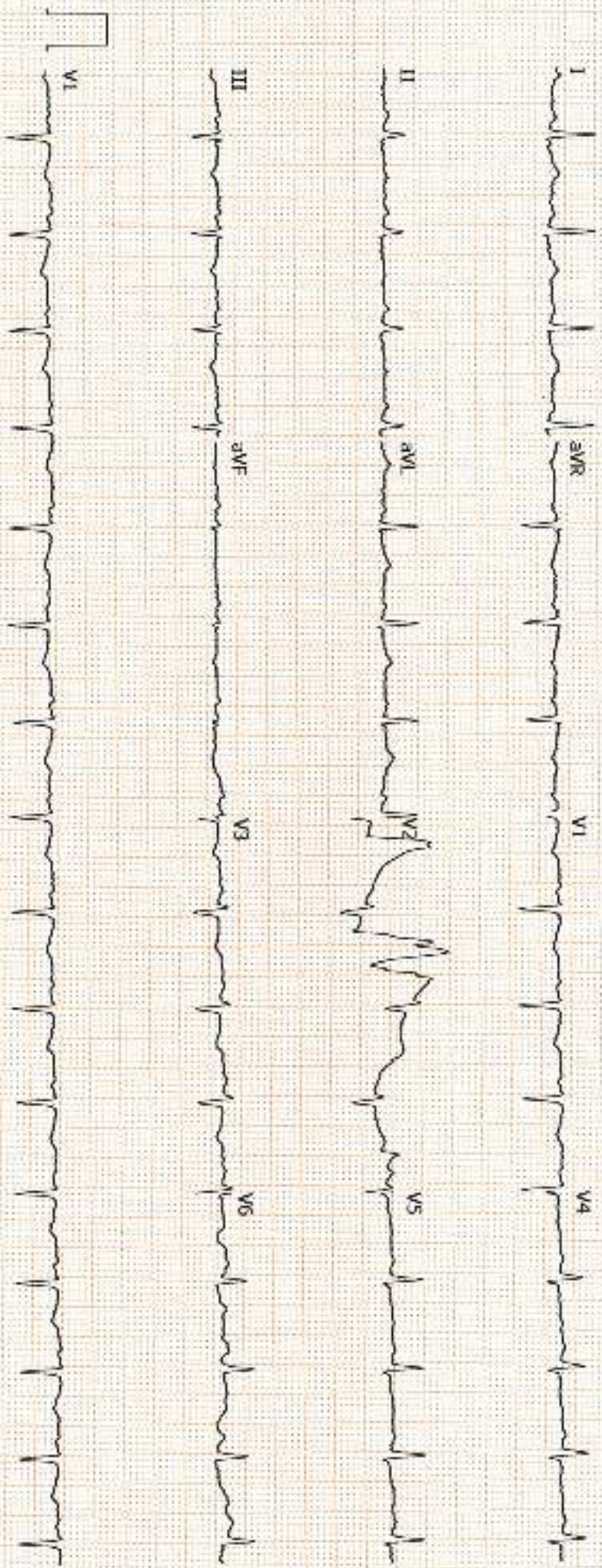
QRS : 76 ms
QT / QTcBaz : 466 / 588 ms
PR : 108 ms
P : 58 ms
RR / PP : 626 / 625 ms
P / QRS / T : 18 / 1 / 7 degrees

*** Poor data quality, interpretation may be adversely affected
Sinus rhythm with short PR
ST & T wave abnormality, consider anterior ischemia
Prolonged QT
Abnormal ECG

Non specific ST-T

AVL

AVL



MRS. V. SRILAKSHMI RAYANA

Patient ID: CMAN.102647

10/26/2024

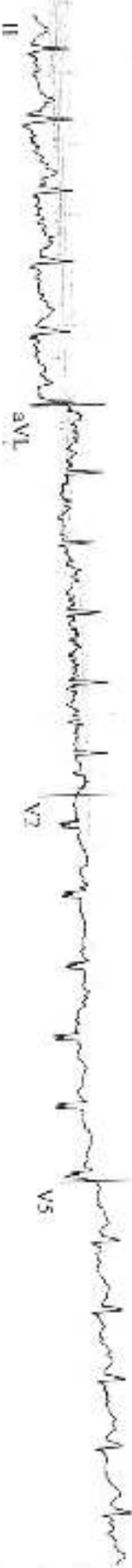
5:39:08pm

12-Lead Report

133 bpm

40 00:00

Normal TWT. PR



MRS. V SRILAKSHMI RAMANA

Linked Medians

APOLLOCLINIC

Patient ID: CHAN 102649

EXERCISE

BRIDGE

10/26/2024

169 bpm

STAGE 1

1.7 mph

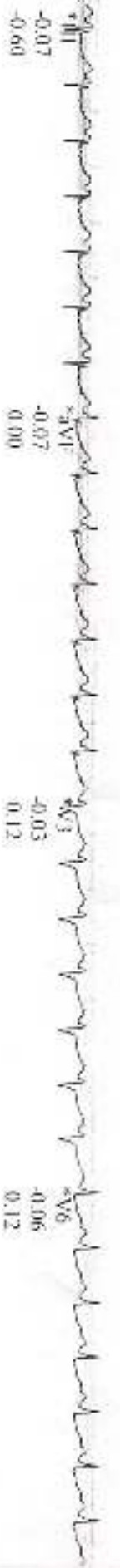
12/15/24

120/80 mmHg

02:50

10.0 %

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



*Computer Synthesized Rhythms

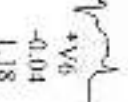
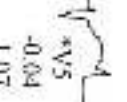
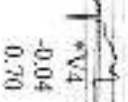
MRS. V SRI AKSHITH RAMANA
 Patient ID: CIMAN102647
 10/26/2024
 8:45:59pm

Unlod Mediums
 EXERCISE
 STAGE 2
 71 bpm
 130/90 mmHg
 05:50

BRICT
 2.5 right
 12.0 %

ARJELI CLINIC

Lead
 ST Level (mV)
 ST Slope (mVs)



Computer Synthesized Rhythms

MRS. V. SRILAKSHMI RAMANA

Patient ID: CMAN102647

05/26/2024

5:46:23 pm

Linkoed Medians (PEAK EXERCISE)

EXERCISE

STAGE 3

06/20

BURGE

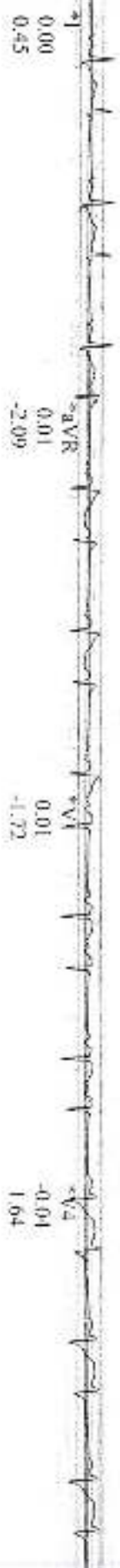
3.4 mph

14.0 %

APOLLO CLINIC

65 bpm
130.90 mmHg

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



*Computer Synthesized Rhythms

MRS. V SRI LAKSHMI RAMANA,

Patient ID: C/NAN/102647

10/26/2024

5:47:23 pm

155 bpm

01:00

0.0 %

Linked Medians

RECOVERY

#1

BRUCE

0.6 mph

APOLLO-GEMR

Total

ST Level (mV)

ST Slope (mV/s)

0.02
1.32

-0.03
-2.39

-0.01
-1.34

0.05
1.32

0.04
2.29

0.00
0.09

0.06
0.36

0.04
1.52

0.03
1.09

0.04
1.69

0.04
1.00

0.03
1.52

Raw Data



*Computer Synthesized Rhythms

MRS. V SRI LAKSHMI RAMANA

Linked Medians

APOLLO CLINIC

Patient ID: CMLAN102647

RECOVERY

10/28/2024

137 bpm

#1

RHR:CF

5:49:23pm

130/90 mmHg

03:00

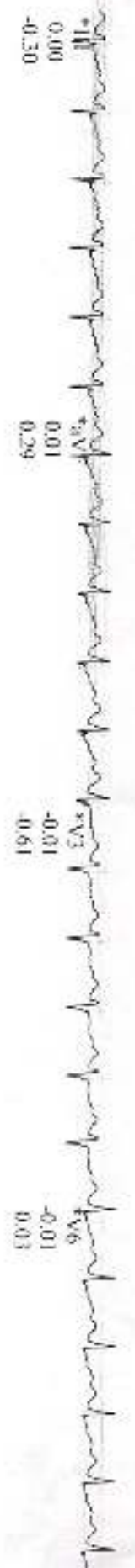
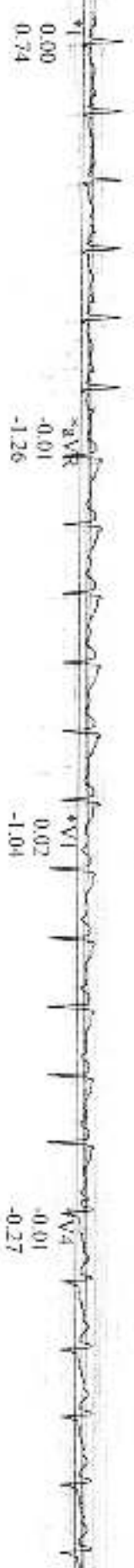
4.4 mph

0.0 %

Lead

ST Level (mV)

ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

Patient ID: CMAN102647

10/26/2024 Female 153 cm 70.2 kg

5:39:02 pm 14 yrs Astar

Medx:

Test Reason:
Medical History:

Ref. MD: Ordering MD
Technician: Test Type:
Comment:

BRUCE: Total Exercise Time: 06:30

Max HR: 177 bpm, 93% of max predicted 186 bpm. HR at rest: 133

Max BP: 150/90 mmHg. BP at rest: 120/80. Max RPP: 19680 mmHg*bpm

Maximum Workload: 7.50 METS

Max. ST: 0.14 mV, 0.00 mV/s in II EXERCISE STAGE 1 01:00

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall Impression: Normal stress test.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (mV)	Comment
PRETEST	SUPINE	00:00	0.00	0.00	1.0	133			0	-0.06	
	STANDING	00:01	0.00	0.00	1.2	125	120/80	15000	0	-0.03	
	STAGE 1	01:00	0.50	10.00	4.6	169	120/80	20280	0	-0.06	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	63	130/90	8190	0	-0.03	
	STAGE 3	00:20			5.1	65			0	0.01	
	RECOVERY	03:04	0.00	0.00	1.0	134	130/90	17420	0	-0.01	

Normal - 10/11

OK

APOLLO CLINIC

CONSENT FORM

PATIENT NAME MRS. V. Srilakshmi Ramana AGE: 34

UHID NUMBER CMAN. 102647 COMPANY NAME ARCOFEM? HEALTHCARE

I MR/MRS/MS V. Srilakshmi Ramana EMPLOYEE OF ARCOFEM? HEALTHCARE

COMPANY WANT TO INFORM YOU THAT I AM ~~NOT INTERESTED IN~~ Due to service not
GETTING Available at center Opthal Test Not Done.

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE SRI LAKSHMI

DATE: 26-10-2024

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MRS. V. Sri Lakshmi Ramana on 28-10-2024

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. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	


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

This certificate is not meant for medico-legal purposes