


Name : Mr. VARUN KAKKAR Address : DELHI Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT	Age : 27 Y Sex : M	UHID :SCHI.0000020047  <small>*SCHI.0000020047*</small> OP Number :SCHIOPV29299 Bill No :SCHI-OCR-10468 Date : 22.04.2024 10:42
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324	
• 1	BILIRUBIN, TOTAL - SERUM	
2	GLUCOSE, FASTING	
3	HEMOGRAM + PERIPHERAL SMEAR	
• 4	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	
5	COMPLETE URINE EXAMINATION	
• 6	PERIPHERAL SMEAR	
7	ECG ✓	
8	CREATININE, SERUM	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 12.25	
10	X-RAY CHEST PA ✓	
11	FITNESS BY GENERAL PHYSICIAN	
12	BLOOD GROUP ABO AND RH FACTOR	
13	OPHTHAL BY GENERAL PHYSICIAN ✓	
• 14	BUN/CREATININE RATIO	

Sub_order_Order_Id Client Name

437552 436410 ARCOFEMI HEALTHCARE LIMITED

Patient Name


Varun Kakkar

Email

varunkakke

भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
मतदाता फोटो पहचान पत्र - ELECTOR PHOTO IDENTITY CARD

91 10 NBJ2429841



नाम : वरुण कक्कार
Name : VARUN KAKKAR

पिता का नाम : विजय कुमार कक्कार
Father's Name : VIJAY KUMAR KAKKAR

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Varun Kakkar on 22/4

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 	<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> <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. M. Srinivas
Medical Officer
The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Varun</u>	UHID No : <u>20047</u>
AGE / GENDER :- <u>27YM</u>	RECEIPT No :-
PANEL : <u>Phasarg V</u>	EXAMINED ON :- <u>22/4</u>

Alc

Chief Complaints:

*No Sypice M/O
ACI Left knee*

Past History:

DM	: <input checked="" type="checkbox"/> Nil	CVA	: <input checked="" type="checkbox"/> Nil
Hypertension	: <input checked="" type="checkbox"/> Nil	Cancer	: <input checked="" type="checkbox"/> Nil
CAD	: <input checked="" type="checkbox"/> Nil	Other	: <input checked="" type="checkbox"/> Nil

Personal History:

Alcohol <i>occ</i>	: Nil	Activity	: <input checked="" type="checkbox"/> Active
Smoking	: <input checked="" type="checkbox"/> Nil	Allergies	: <input checked="" type="checkbox"/> Nil

Family History:

DM

General Physical Examination:

Height	<u>164</u>	:	cms	Pulse	<u>70/m</u>	bpm
Weight	<u>71.3</u>	:	Kgs	BP	<u>100/70</u>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	: <input checked="" type="checkbox"/> Normal
Respiratory system	: <input checked="" type="checkbox"/> Normal
Abdominal system	: <input checked="" type="checkbox"/> Normal
CNS	: <input checked="" type="checkbox"/> Normal
Others	: <input checked="" type="checkbox"/> Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Vaun</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- *All the reports of tests and investigations are attached herewith*

Recommendation:

-

Jit

Dr. Navneet Kaur
Consultant Physician



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

Dr. [Signature]
Medical Officer
The Apollo Clinic, Uppal




This certificate is not meant for medico-legal purposes

Pre - Employment Medical Check - up Status report

Date: 22/4/24

This is to certify that Mr. /Ms. /Mrs. Navn Kaur
age 27y M/F, pre-employment medical check-up on
_____ is declared medically FIT /UNFIT
for duties.

Navn
Dr. Navneet Kaur
(Medical Officer)
4159



PRE - EMPLOYMENT EXAMINATION

Name - Naun

Age / Sex - 27 y M

Date - 22/4

MRN: 20047

Company's Name: Arcofemi Mediwheel

Significant History

AS

ACE Refuse

General Physical Examination

Height: 164

Weight: 71.3

BP: 100/2

Pulse: 20/min

Pallor: NO

Temp: NO

Edema: NO

Cyanosis: NO

L.N.: NO

JVP: NR

Jaundice: NO

Other:

Respiratory: B/ clear

Cardiovascular: S1S2 (+)

Abdomen: (NO)

CNS: NO

Ear Examination: (NO)

Findings

Blood Test:

Urine: (NO)

Stool:

CXR: (NO)

ECG: (NO)

Reports are attached herewith

Recommendation

Final Impression: (FIT) / UNFIT

(Signature of Consultant)



Mr. Vasunkakkar

22/4/24

27/M

Eye checkup

No H/o using glass

No H/o systemic disease

N₄ < 6/6
6/6 NLT < 16/16] using colour vs < wnl/ery

BCVA < No Acceptance 6/6 (w) - N6

slit lamp exam

A/S Normal (w)

pupil reaction Normal (w)

Fundus < wnl (w)

Darakhsher
22/4/24

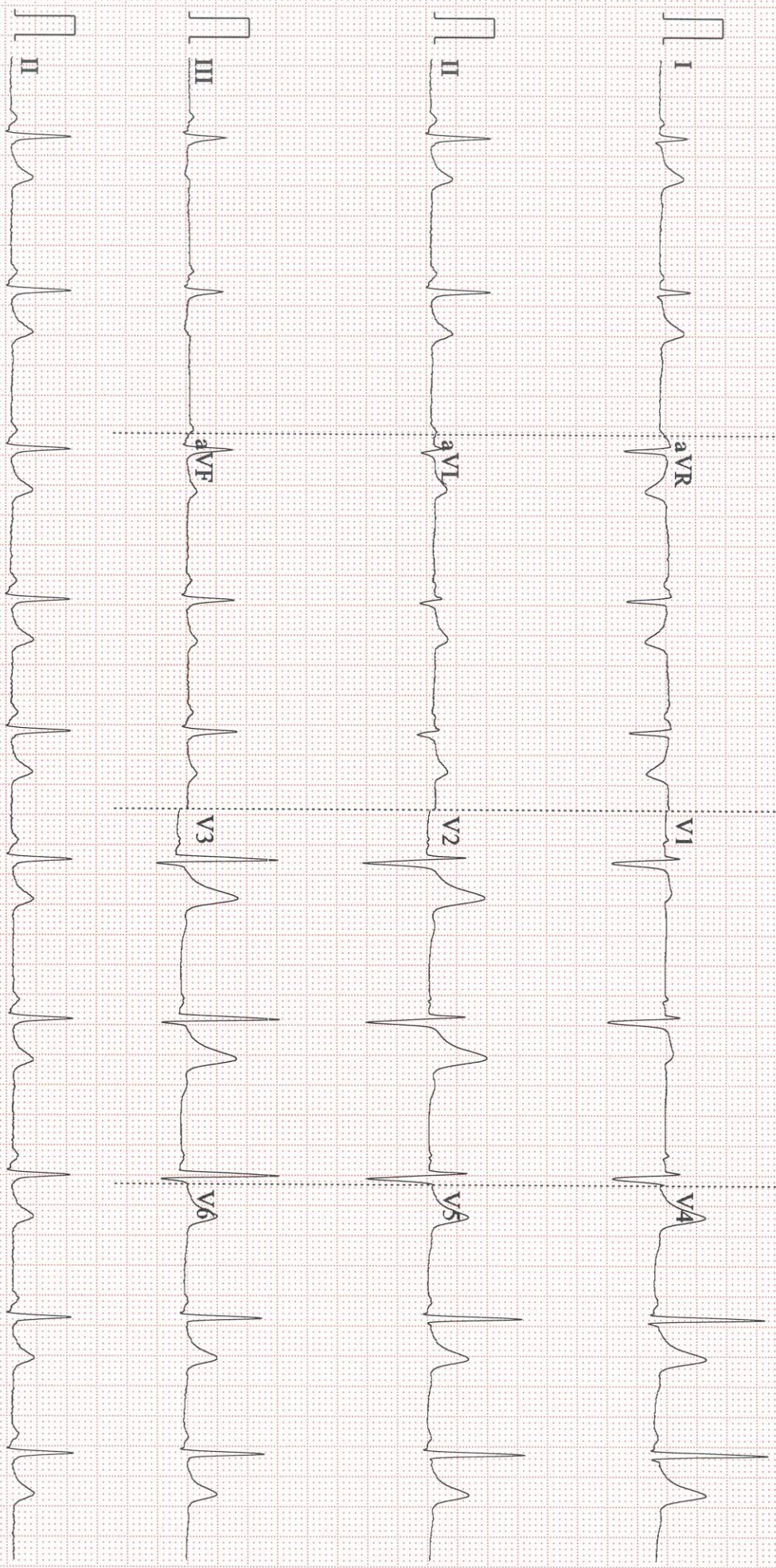
ID: 20047
VARUN KAKKAR
Male 27Years
Req. No. :

22-04-2024 09:57:55
HR : 60 bpm
P : 99 ms
PR : 131 ms
QRS : 95 ms
QT/QTcBz : 398/400 ms
P/QRS/T : 61/65/24 °
RV5/SV1 : 1.595/0.857 mV

Diagnosis Information:
Sinus Arrhythmia



Report Confirmed by:



DIGITAL X-RAY REPORT

NAME: VARUN	DATE: 22.04.2024
UHID NO : 20047	AGE: 27YRS/ SEX: M

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. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name	: Mr.VARUN KAKKAR	Collected	: 22/Apr/2024 10:44AM
Age/Gender	: 27 Y 1 M 0 D/M	Received	: 22/Apr/2024 11:01AM
UHID/MR No	: SCHI.0000020047	Reported	: 22/Apr/2024 04:31PM
Visit ID	: SCHIOPV29299	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 436410		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240108257



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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	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,310	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.5	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4057.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2361.13	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	614.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.17	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.72		0.78- 3.53	Calculated
PLATELET COUNT	320000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end 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.

Page 2 of 7



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

Page 3 of 7



Dr. SHWETA GUPTA
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Age/Gender : 27 Y 1 M 0 D/M	Received : 22/Apr/2024 11:01AM
UHID/MR No : SCHI.0000020047	Reported : 22/Apr/2024 06:51PM
Visit ID : SCHIOPV29299	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 436410	

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 , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 7



Dr. SHWETA GUPTA
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SIN No:BED240108257



Patient Name : Mr.VARUN KAKKAR	Collected : 22/Apr/2024 10:44AM
Age/Gender : 27 Y 1 M 0 D/M	Received : 22/Apr/2024 11:00AM
UHID/MR No : SCHI.0000020047	Reported : 22/Apr/2024 03:52PM
Visit ID : SCHIOPV29299	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 436410	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	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:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	19	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.

Page 5 of 7



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04702544



Patient Name : Mr.VARUN KAKKAR	Collected : 22/Apr/2024 10:44AM
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UHID/MR No : SCHI.0000020047	Reported : 22/Apr/2024 03:52PM
Visit ID : SCHIOPV29299	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 436410	

DEPARTMENT OF BIOCHEMISTRY

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

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	0.80	mg/dL	0.20-1.20	DIAZO METHOD

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	4.6	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
BUN / CREATININE RATIO	5.73			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04702544



Patient Name : Mr.VARUN KAKKAR	Collected : 22/Apr/2024 10:44AM
Age/Gender : 27 Y 1 M 0 D/M	Received : 22/Apr/2024 02:24PM
UHID/MR No : SCHI.0000020047	Reported : 22/Apr/2024 04:04PM
Visit ID : SCHIOPV29299	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 436410	

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	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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

*** End Of Report ***

Page 7 of 7



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2335600

