

This is to certify that I have examined

MR/MS Vinoth Kumar, D .....aged 40 and

his / her oral findings are as follows

D - Decay

M - Missing

F - Filling

												<u>D</u>	<u>D</u>		
8	7	6	5	4	3	2	1	1	2	3	4	<u>5</u>	<u>6</u>	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Oral hygiene status : Good / Fair / Poor

Calculus / Stains : Calculus, stains present.

Any other findings : Grossly decayed  $\frac{8}{8}$   
 $\frac{8}{8}$

Date : 2/3/24

Dr. K C Jose




## MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Vinoth Kumar D
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	40, 15/04/1983 Gender: F/M <input checked="" type="checkbox"/>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

### PHYSICAL DETAILS:

a. Height ..... 170 ..... (cms)	b. Weight ..... 75 ..... (Kgs)	c. Girth of Abdomen ..... 82 ..... (cms)
d. Pulse Rate ..... 70 ..... (/Min)	e. Blood Pressure:	Systolic 110 Diastolic 70
	1 <sup>st</sup> Reading	
	2 <sup>nd</sup> Reading	

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

### HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### PERSONAL HISTORY

- |  |  |
|--|--|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <input checked="" type="checkbox"/> Y/N | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <input checked="" type="checkbox"/> Y/N |
| b. Have you undergone/been advised any surgical procedure? <input checked="" type="checkbox"/> Y/N   | d. Have you lost or gained weight in past 12 months? <input checked="" type="checkbox"/> Y/N   |

### Have you ever suffered from any of the following?

- |   |  |
|---|--|
| • Psychological Disorders or any kind of disorders of the Nervous System? <input checked="" type="checkbox"/> Y/N | • Any disorder of Gastrointestinal System? <input checked="" type="checkbox"/> Y/N                               |
| • Any disorders of Respiratory system? <input checked="" type="checkbox"/> Y/N                                    | • Unexplained recurrent or persistent fever, and/or weight loss <input checked="" type="checkbox"/> Y/N          |
| • Any Cardiac or Circulatory Disorders? <input checked="" type="checkbox"/> Y/N                                   | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <input checked="" type="checkbox"/> Y/N |
| • Enlarged glands or any form of Cancer/Tumour? <input checked="" type="checkbox"/> Y/N                           | • Are you presently taking medication of any kind? <input checked="" type="checkbox"/> Y/N                       |
| • Any Musculoskeletal disorder? <input checked="" type="checkbox"/> Y/N   |  |

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

*Medical consult*

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

**MEDICAL EXAMINER'S DECLARATION.**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

**Dr. GEORGE THOMAS**  
MD, FCSI, FIAE  
**MEDICAL EXAMINER**  
Reg: 86614

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :



Date & Time :

**DDRC agilus Pathlabs Limited.**


Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017

Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

NAME	MR VINOTH KUMAR D	AGE	40 YRS
SEX	MALE	DATE	March 2, 2024
REFERRAL	MEDIWHEEL	ACC NO	4126XC000418

### USG ABDOMEN AND PELVIS

<b>LIVER</b>	Measures ~ 12.5 cm, shows increased echoes. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber.
<b>GB</b>	No calculus within gall bladder. Normal GB wall caliber.
<b>SPLEEN</b>	Measures ~ 8.8 cm, normal to visualized extent. Splenic vein normal.
<b>PANCREAS</b>	Normal to visualized extent. PD is not dilated.
<b>KIDNEYS</b>	RK: 9.0 x 4.0 cm, normal in size and echotexture. LK: 10.6 x 5.5 cm, normal in size and echotexture. No obvious calculus is seen. Maintained corticomedullary differentiation and normal parenchymal thickness. Right PCS fullness noted – likely physiological.
<b>BLADDER</b>	Normal wall caliber, no internal echoes/calculus within.
<b>PROSTATE</b>	Normal in volume and echopattern.
<b>FLUID</b>	Nil to visualized extent.
<b>BOWEL</b>	Visualized bowel loops appear normal.
<b>IMPRESSION</b>	<p>↓ <b>Grade I Fatty liver.</b></p> <p>Kindly correlate clinically.</p>

  
**Dr. HRISHIKESH C MBBS DMRD**  
 Consultant Radiologist

**Thank you for referral. Your feedback will be appreciated.**

