

|                                 |  |
|---------------------------------|--|
| Patient Name : Mr.SUNDHARESAN G | Collected : 06/Jul/2024 01:17PM            |
| Age/Gender : 35 Y 6 M 2 D/M     | Received : 06/Jul/2024 04:25PM             |
| UHID/MR No : CVEL.0000145324    | Reported : 06/Jul/2024 06:04PM             |
| Visit ID : CVELOPV208160        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 20160000708   |  |

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

|                |  |
|----------------|--|
| METHODOLOGY    | : Microscopic.   |
| RBC MORPHOLOGY | : Predominantly normocytic normochromic RBC's noted.                     |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS      | : Adequate in number.  |
| PARASITES      | : No haemoparasites seen.  |
| IMPRESSION     | : Normocytic normochromic blood picture.                                 |
| NOTE/ COMMENT  | : Please correlate clinically.   |



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240176355

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)



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**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                                   | Result | Unit                    | Bio. Ref. Range | Method                         |
|---|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |        |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | 15.6   | g/dL                    | 13-17           | Spectrophotometer              |
| PCV   | 46.20  | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                   | 5.25   | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV   | 88.1   | fL                      | 83-101          | Calculated                     |
| MCH   | 29.8   | pg                      | 27-32           | Calculated                     |
| MCHC  | 33.8   | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | 13.8   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 7,900  | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |        |                         |                 |                                |
| NEUTROPHILS                                 | 62.2   | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                 | 23.2   | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                 | 5.5    | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                   | 8.6    | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                   | 0.5    | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |        |                         |                 |                                |
| NEUTROPHILS                                 | 4913.8 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 1832.8 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 434.5  | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 679.4  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                   | 39.5   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 2.68   |                         | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                       | 364000 | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 5      | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |        |                         |                 |                                |

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 10



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**DEPARTMENT OF HAEMATOLOGY**

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

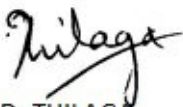
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PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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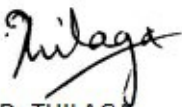
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| Age/Gender : 35 Y 6 M 2 D/M     | Received : 06/Jul/2024 04:25PM             |
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**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name   | Result   | Unit | Bio. Ref. Range | Method                      |
|---|----------|------|-----------------|-----------------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                             |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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| Patient Name : Mr.SUNDHARESAN G | Collected : 06/Jul/2024 01:17PM            |
| Age/Gender : 35 Y 6 M 2 D/M     | Received : 06/Jul/2024 05:06PM             |
| UHID/MR No : CVEL.0000145324    | Reported : 06/Jul/2024 05:57PM             |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                            | Result | Unit  | Bio. Ref. Range | Method     |
|--------------------------------------|--------|-------|-----------------|------------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | 84     | mg/dL | 70-100          | HEXOKINASE |

**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:**

- 1.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.
2. 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     |
|---|--------|-------|-----------------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 83     | mg/dL | 70-140          | HEXOKINASE |

**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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1470896

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit | Bio. Ref. Range | Method      |
|---|--------|------|-----------------|-------------|
| <b>ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM</b> | 36     | U/L  | <50             | UV with P5P |



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M.D.(Biochemistry)



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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                       | Result      | Unit  | Bio. Ref. Range | Method |
|---------------------------------|-------------|-------|-----------------|--------|
| <b>BILIRUBIN, TOTAL , SERUM</b> | <b>1.28</b> | mg/dL | 0.3–1.2         | DPD    |



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| Test Name                           | Result | Unit  | Bio. Ref. Range | Method       |
|-------------------------------------|--------|-------|-----------------|--------------|
| <b>BUN/CREATININE RATIO , SERUM</b> |        |       |                 |              |
| BLOOD UREA NITROGEN                 | 7.5    | mg/dL | 8.0 - 23.0      | Calculated   |
| CREATININE                          | 0.84   | mg/dL | 0.72 – 1.18     | JAFFE METHOD |
| BUN / CREATININE RATIO              | 8.90   |       |                 | Calculated   |

| Test Name                 | Result | Unit  | Bio. Ref. Range | Method       |
|---------------------------|--------|-------|-----------------|--------------|
| <b>CREATININE , SERUM</b> | 0.84   | mg/dL | 0.72 – 1.18     | JAFFE METHOD |



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|---------------------------------|--|
| Patient Name : Mr.SUNDHARESAN G | Collected : 06/Jul/2024 01:17PM            |
| Age/Gender : 35 Y 6 M 2 D/M     | Received : 06/Jul/2024 05:50PM             |
| UHID/MR No : CVEL.0000145324    | Reported : 06/Jul/2024 07:15PM             |
| Visit ID : CVELOPV208160        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 20160000708   |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

| Test Name  | Result   | Unit | Bio. Ref. Range       | Method                           |
|--|----------|------|-----------------------|----------------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |          |      |                       |                                  |
| <b>PHYSICAL EXAMINATION</b>                          |          |      |                       |                                  |
| COLOUR   | YELLOW   |      | PALE YELLOW           | Physical measurement             |
| TRANSPARENCY   | CLEAR    |      | CLEAR                 | Physical measurement             |
| pH   | 5.5      |      | 5-7.5                 | Bromothymol Blue                 |
| SP. GRAVITY  | 1.020    |      | 1.002-1.030           | Dipstick                         |
| <b>BIOCHEMICAL EXAMINATION</b>                       |          |      |                       |                                  |
| URINE PROTEIN  | NEGATIVE |      | NEGATIVE              | PROTEIN ERROR OF INDICATOR       |
| GLUCOSE  | NORMAL   |      | NEGATIVE              | GOD-POD                          |
| URINE BILIRUBIN                                      | NEGATIVE |      | NEGATIVE              | AZO COUPLING                     |
| URINE KETONES (RANDOM)                               | NEGATIVE |      | NEGATIVE              | Sodium nitro prusside            |
| UROBILINOGEN   | NORMAL   |      | NORMAL (0.1-1.8mg/dl) | Diazonium salt                   |
| NITRITE  | NEGATIVE |      | NEGATIVE              | Griess reaction                  |
| LEUCOCYTE ESTERASE                                   | NEGATIVE |      | NEGATIVE              | Diazonium salt                   |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |          |      |                       |                                  |
| PUS CELLS  | 1        | /hpf | 0-5                   | Automated Image based microscopy |
| EPITHELIAL CELLS                                     | 1        | /hpf | < 10                  | Automated Image Based Microscopy |
| RBC  | 1        | /hpf | 0-2                   | Automated Image based microscopy |
| CASTS  | NEGATIVE | /lpf | 0-2 Hyaline Cast      | Automated Image based microscopy |
| CRYSTALS   | NEGATIVE | /hpf | Occasional-Few        | Automated Image based microscopy |

**Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 9 of 10



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2381942

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05

  
1860 500 7788  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.SUNDHARESAN G  
Age/Gender : 35 Y 6 M 2 D/M  
UHID/MR No : CVEL.0000145324  
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Collected : 06/Jul/2024 01:17PM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Page 10 of 10



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2381942

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**Patient Name** : Mr. SUNDHARESAN G

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CVEL.0000145324

**OP Visit No** : CVELOPV208160

**Sample Collected on** :

**Reported on** : 06-07-2024 15:51

**LRN#** : RAD2371951

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 20160000708

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PASUPULETI SANTOSH KUMAR**  
**M.B.B.S., DNB (RADIODIAGNOSIS)**

Radiology

Name: Mr. SUNDHARESAN G  
Age/Gender: 35 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_16052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000145324  
Visit ID: CVELOPV208160  
Visit Date: 06-07-2024 09:02  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: Mr. SUNDHARESAN G  
Age/Gender: 35 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_16052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

| Date                | Pulse<br>(Beats/min) | B.P<br>(mmHg)  | Resp<br>(Rate/min) | Temp<br>(F) | Height<br>(cms) | Weight<br>(Kgs) | Body Fat<br>Percentage<br>(%) | Visceral<br>Fat Level<br>(%) | Body<br>Age<br>(Years) | BMI   | Waist<br>Circum<br>(cms) | Hip<br>(cms) | Waist<br>(cms) | Waist &<br>Hip<br>Ratio | User      |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 06-07-2024<br>13:34 | 78<br>Beats/min      | 120/70<br>mmHg | 18<br>Rate/min     | 98 F        | 167<br>cms      | 65.6<br>Kgs     | %                             | %                            | Years                  | 23.52 | 90 cms                   | 96<br>cms    | cms            |                         | AHLL05400 |

Established Patient: No

**Vitals**

| Date                | Pulse<br>(Beats/min) | B.P<br>(mmHg)  | Resp<br>(Rate/min) | Temp<br>(F) | Height<br>(cms) | Weight<br>(Kgs) | Body Fat<br>Percentage<br>(%) | Visceral<br>Fat Level<br>(%) | Body<br>Age<br>(Years) | BMI   | Waist<br>Circum<br>(cms) | Hip<br>(cms) | Waist<br>(cms) | Waist &<br>Hip<br>Ratio | User      |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 06-07-2024<br>13:34 | 78<br>Beats/min      | 120/70<br>mmHg | 18<br>Rate/min     | 98 F        | 167<br>cms      | 65.6<br>Kgs     | %                             | %                            | Years                  | 23.52 | 90 cms                   | 96<br>cms    | cms            |                         | AHLL05400 |

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sundharsan G. on 6/9/2024

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

|  | Tick                                |
|--|-------------------------------------|
| <ul style="list-style-type: none"> <li>• <u>Medically Fit</u><br/><u>FIT FOR WORK</u></li> </ul>   | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Currently Unfit.<br/>Review after <u>NIL</u> recommended</li> <li>• Unfit <u>NIL</u></li> </ul>   | <input type="checkbox"/>            |

Dr.   
Medical Officer

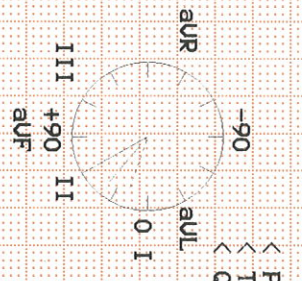


*This certificate is not meant for medico-legal purposes*

**Dr. YASODH REDDY**  
M.B.B.S., D.I.P., Diabetologist  
CLIN - Cardiology  
Reg. No: 93787  
Apollo Family Physician

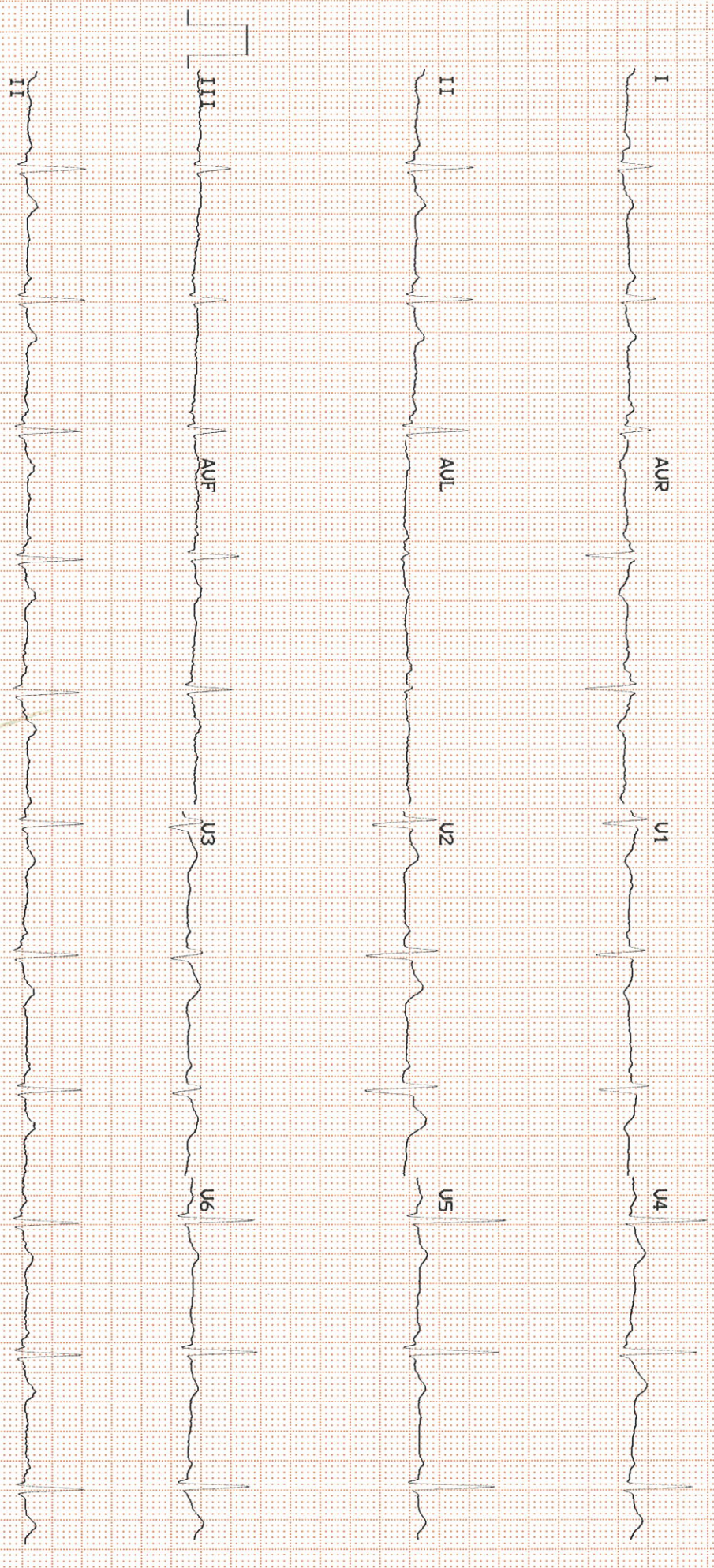


Measurement Results:  
 QRS : 104 ms  
 QT/QTcb : 396 / 419 ms  
 PR : 156 ms  
 P : 112 ms  
 RR/PP : 894 / 930 ms  
 P/QRS/T : 20 / 60 / 40 degrees  
 QTd/QTcdB : 18 / 19 ms  
 Sokolow : 1.9 mV  
 NK : 9



Interpretation:

Unconfirmed report.





|   |                      |
|---|----------------------|
| Name <i>Mr. Sundaresan G</i>  | Date <i>06-07-24</i> |
| Age <i>36</i>   | UHID No. '           |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |                      |

**OPHTHAL FITNESS CERTIFICATE**

|                    | RE            | LE             |
|--------------------|---------------|----------------|
| DV-UCVA :          | <i>6/6</i>    | <i>6/6</i>     |
| DV-BCVA :          |               |                |
| NEAR VISION :      | <i>N6</i>     | <i>N6</i>      |
| ANTERIOR SEGMENT : |               |                |
| IOP :              |               |                |
| FIELDS OF VISION : |               |                |
| E O M :            |               |                |
| COLOUR VISION :    | <i>Normal</i> | <i>Normal.</i> |
| FUNDUS :           |               |                |
| IMPRESSION :       |               |                |
| ADVICE :           |               |                |

145324

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 7/2/2024 4:41 PM

To:Sundharesanguna1989@gmail.com <Sundharesanguna1989@gmail.com>

Cc:Velachery Apolloclinic <velachery@apolloclinic.com>;Manojkumar Murali <manojkumar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear Sundharesan Sundharesan,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VELACHERY clinic** on **2024-07-06** at **08:00-08:15**.

|                |   |
|----------------|---|
| Payment Mode   |   |
| Corporate Name | <b>ARCOFEMI HEALTHCARE LIMITED</b>                              |
| Agreement Name | <b>[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]</b>   |
| Package Name   | <b>[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]</b> |

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

03/03/2016



TN48 20160000708  
SUNDHARESAN G  
GUNASEKARAN

37A, PAULVADI ST METTUPATTY  
THEVARAM PO, UTHAMAPALAYAM TK  
THENI 625350

SRI RENGAS SAMAYAPURAM  
04/01/1989

