

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. Shivakumar k m.
 AGE/ GENDER: 32yrs / m.
 HEIGHT: 161cm WEIGHT: 56kgs
 IDENTIFICATION MARK: Black mole on Rt cheek
 BLOOD PRESSURE: 150/90 mmHg
 PULSE: 112b/min
 CVS: } normal.
 RS:P }
 ANY OTHER DISEASE DIAGNOSED IN THE PAST: nil
 ALLERGIES, IF ANY: nil
 LIST OF PRESCRIBED MEDICINES: nil
 ANY OTHER REMARKS: - NO -

I Certify that I have carefully examined Mr/Mrs. Shivakumar. son/daughter of Ms. S/O. Mangalath K.P. who has signed in my presence. He/ she has no physical disease and is fit for employment.


Signature of candidate

Dr. BINDURAJ. R
MBBS MD

Signature of Medical Officer

Place: Spectrum Diagnostics & Health Care.

Date: 13/11/24.

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined



Dr. Ashok S
Bsc., MBBS., D.O.M.S
Consultant Ophthalmologist
KMC No: 31827

DATE: 13/11/2024

EYE EXAMINATION

NAME: SHIVAKUMAR K.M

AGE: 32

GENDER : F / M ✓

	RIGHT EYE	LEFT EYE
Vision	6/6	6/6
Vision With glass	6/6	6/6
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

Dr. Ashok S. RODHE
Bsc., MBBS., D.O.M.S
Consultant (Ophthalmologist)



MR SHIVAKUMAR K M

Male 32Years

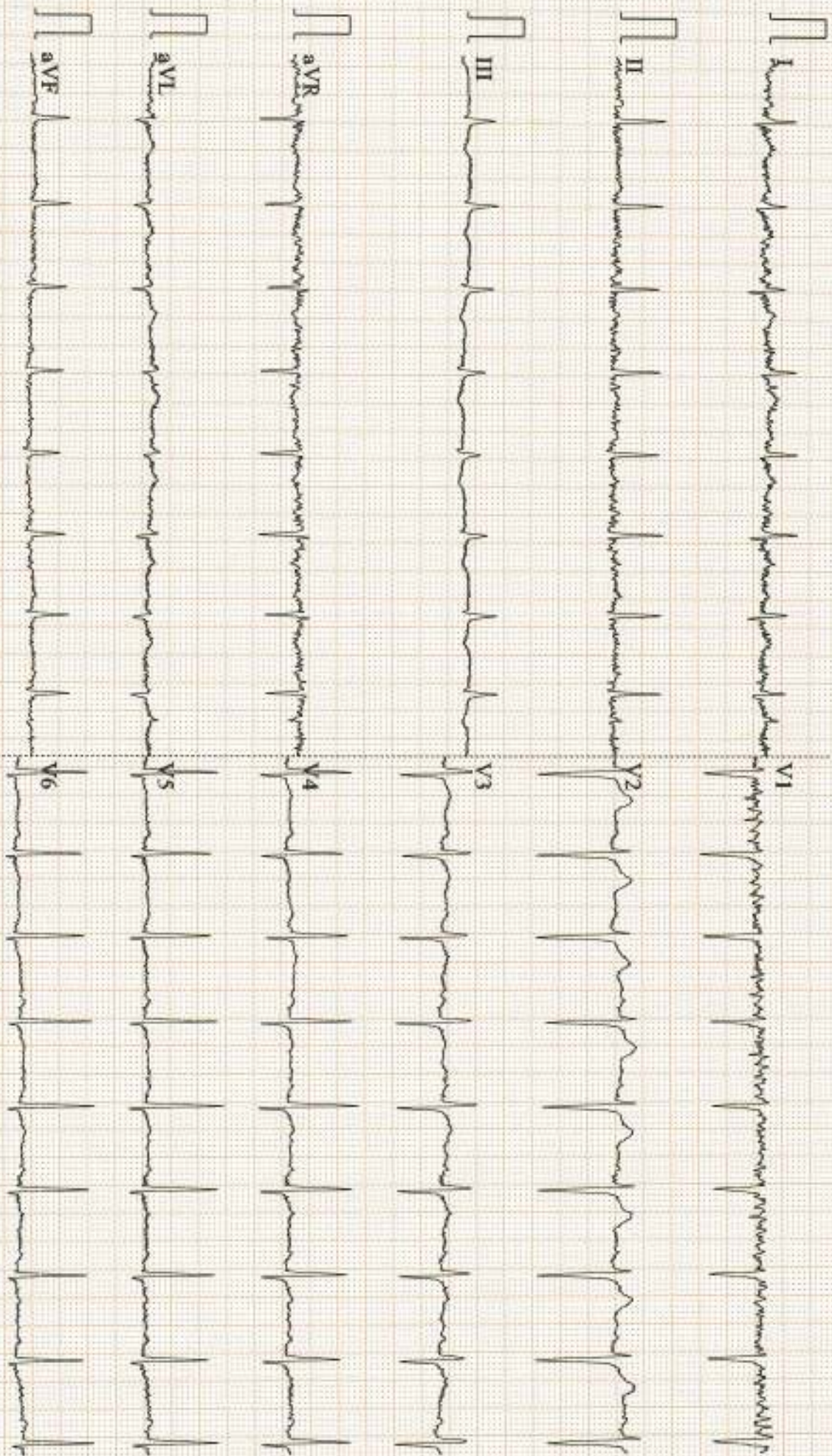
Diagnosis Information:

Sinus Tachycardia

Low T Wave(V4,V5,V6)

HR : 101 bpm
 P : 92 ms
 PR : 141 ms
 QRS : 84 ms
 QT/QTc : 326/424 ms
 P/QRS/T : 45/61/-1 °
 RV5/SV1 : 1.285/0.882 mV

Report Confirmed by:



Name	: MR. SHIVA KUMAR K M	UHD	: 1311240014	Bill Date	: 13-Nov-2024 08:41 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 13-Nov-2024 08:41 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 13-Nov-2024 11:31 AM
Reg. No.	: 1311240014			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
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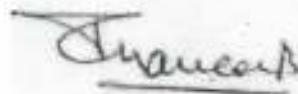
CHEST PA VIEW

- Visualised lungs are clear.
- Bilateral hila appears normal.
- Cardia is normal in size.
- No pleural effusion.

IMPRESSION: No significant abnormality.



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DR. PRAVEEN B, MBBS, DMRD, DNB Consultant
Radiologist

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Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	15.80	g/dL	Male: 14.0 - 17.0	Spectrophotometer
Red Blood Cell (RBC)	5.00	million/cumm	3.50 - 5.50	Volumetric
Packed Cell Volume (PCV)	45.30	%	Male: 42.0 - 51.0	Impedance
Mean corpuscular volume (MCV)	90.60	fL	78.0- 94.0	Electronic Pulse
Mean corpuscular hemoglobin (MCH)	31.60	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.90	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	43.40	fL	40.0-55.0	Volumetric
Red Blood Cell Distribution CV (RDW-CV)	15.30	%	Male: 11.80 - 14.50	Impedance
Mean Platelet Volume (MPV)	9.80	fL	8.0-15.0	Volumetric
Platelet	2.52	lakh/cumm	1.50-4.50	Impedance
Platelet Distribution Width (PDW)	10.70	%	8.30 - 56.60	Volumetric
White Blood cell Count (WBC)	6120.00	cells/cumm	Male: 4000.0 - 11000.0	Impedance
Neutrophils	63.20	%	40.0-75.0	Light scattering/Manual
Lymphocytes	31.20	%	20.0-45.0	Light scattering/Manual
Eosinophils	1.90	%	0.0-8.0	Light scattering/Manual
Monocytes	3.70	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.86	10 ³ /uL	2.0- 7.0	Calculated



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Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	1.91	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.23	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	120.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	09	mm/hr	Male: 0.0 - 10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture.



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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.92	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.19	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.73	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	26.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	45.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	87.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.92	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.58	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	3.34	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.37	Ratio	0.80-2.0	Calculated



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Dr. Nithus Reddy C,MD,Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)-Plasma	100	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Post prandial Blood Glucose (PPBS)-Plasma	152	mg/dL	70-140	Hexo Kinase
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Creatinine, Serum	0.92	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
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Comments: Creatinine is the product of creatine metabolism. Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

BUN/Creatinine Ratio	6.85	Ratio	5.0-20.0	Calculated
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Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	2-3	hpf	0.0-5.0	Microscopy
Epithelial Cells	1-2	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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Dr. Nithin Reddy C, MD, Consultant Pathologist

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Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 13-Nov-2024 04:57 PM
Reg. No.	: 1311240014			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	B			Slide/Tube agglutination
Rh Type	Negative			Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.



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