

**Place Label Here**  
 Pt. Name : \_\_\_\_\_  
 UMR : \_\_\_\_\_  
 Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 IP : \_\_\_\_\_  
 If table not available, write Pt. Name, IP No., Sex,  
 Date, Name of Treating Physician

**OPD Nursing Assessment - Adult**

Name: Vipul Basana Date of Birth : — Age/Sex: 26 UMR No.: 22968

**Assessment :**

Height: 168 cms Weight: 79 kg. BMI: \_\_\_\_\_ Respiration: 21 /min Pulse H/R: 86 /min  
 BP: 124/82 mmHG Temperature : — °F/°C SpO2 97 % BSL —

Chief Complaints :

Health check-up

**Tick Appropriate :**

- Interpreter Needed  Yes  No
- Nutritional Status: Weight Loss/Gain in Last 3 Months  Yes  No
- If Weight Loss / Gain-Dietary Referral  Yes  No
- Psychological Assessment Agitated Anxious  Yes  No  Normal
- (If Agitated, Inform Physician)  Irritable

Any Allergies Known Including Drugs : Nil

Past History: Any Surgeries Explain : Nil

Any Other illness: Explain : Nil

Pain Score: Numerical Scales (1-10) — Location — Characteristics —

Need to be seen immediately by the Doctor  Yes  No

Fall risk: Age 65Yrs. — Tremors — High Grade Fever — H/O Fall in last 3 months —

Cardiac Medicines — Seizure Medications — Fall Prevention Education Done Yes

Name of Nurse	ID No. of Nurse	Signature of Nurse	Date & Time
<u>Suryakanta</u>	<u>027711</u>	<u>Suryakanta</u>	<u>18/5/20</u>

2024-05-18 10:57:37 AM

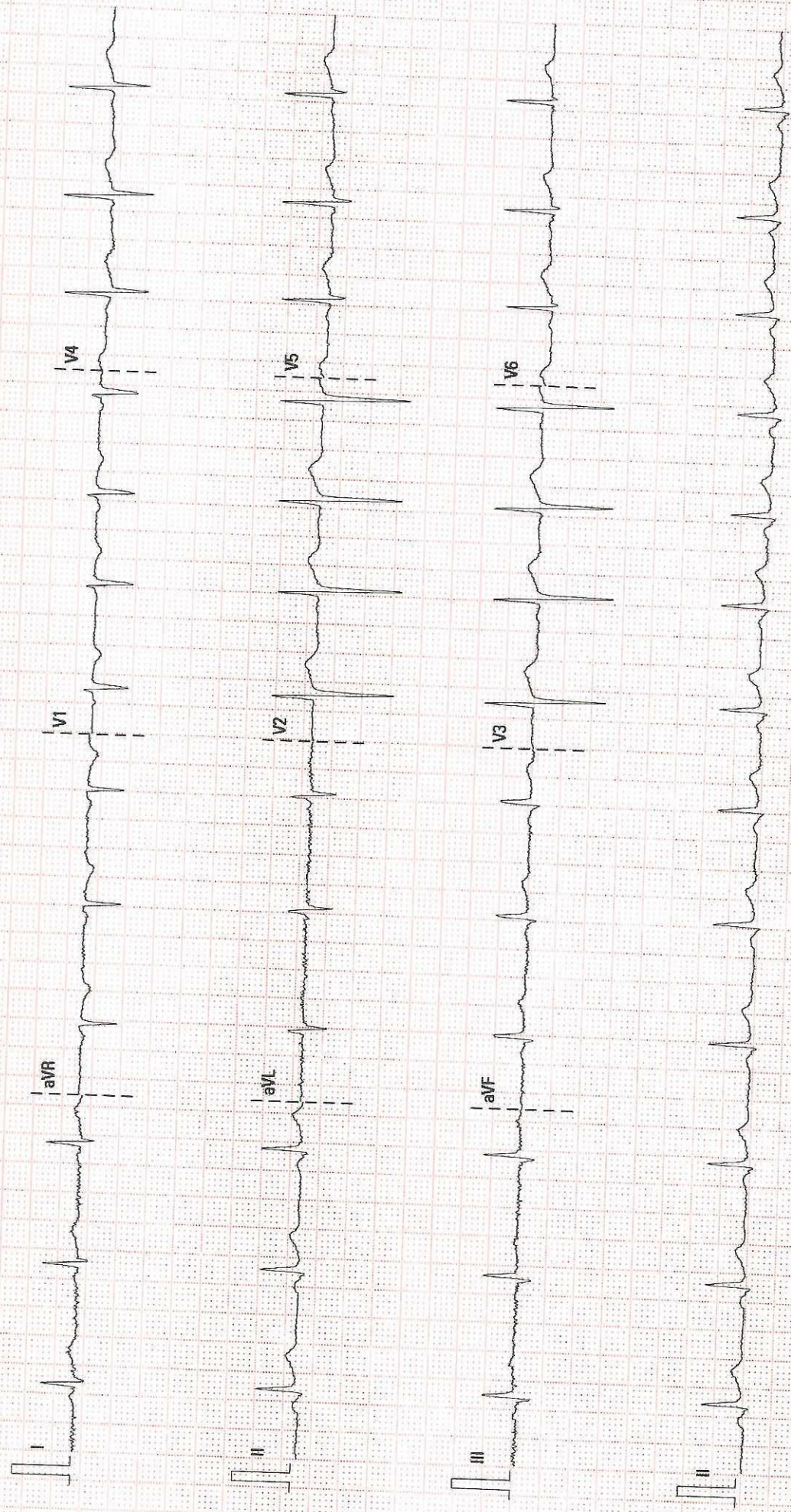
Name: BAFMA, VIPUL  
Age: 26 Years  
Gender: Male

Vent. Rate: 80 bpm  
PR Interval: 122 ms  
QRS Duration: 80 ms  
QT/QTc Interval: 370/405 ms  
P/QRS/T Axes: 62/62/55 deg  
QTc: Hodges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis

*Handwritten signature*



25 mm/s 10 mm/mV 50 Hz BDR 35 Hz



**DEPARTMENT OF LABORATORY**

**Patient Name** : Mr. VIPUL PRAVIN BAFNA  
**Age / Gender** : 26 Y(s)/Male  
**Bill No/ UMR No** : PUBC23052/PUU22968  
**Referred By** : Dr. GENERAL MEDICINE CONSUL  
**Received Dt** : 18-May-24 11:05 am  
**Report Date** : 18-May-24 02:02 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>
<b>CUE (COMPLETE URINE EXAMINATION)</b>			
<b>GENERAL EXAMINATION</b>			
VOLUME	Urine	25	10 ml to 25 ml
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY		1.020	1.010 - 1.030
PH		5.5	4.5 - 8.0
<b>CHEMICAL EXAMINATION</b>			
PROTEIN	Urine	ABSENT	ABSENT
GLUCOSE		ABSENT	ABSENT
BLOOD		ABSENT	ABSENT
LEUCOCYTES		NEGATIVE	NEGATIVE
UROBILINOGEN		NORMAL	NORMAL
KETONE		ABSENT	ABSENT
BILIRUBIN		NEGATIVE	NEGATIVE
NITRITE		NEGATIVE	NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	Urine	0-1	0 - 5 /hpf
RBC		NIL	0 - 2 /hpf
EPITHELIAL CELLS		0-1	0 - 5 /hpf
CRYSTALS		NIL	ABSENT
CASTS		ABSENT	ABSENT
OTHERS		ABSENT	ABSENT

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



**DEPARTMENT OF LABORATORY**

<b>Patient Name</b> : Mr. VIPUL PRAVIN BAFNA	<b>Age / Gender</b> : 26 Y(s)/Male
<b>Bill No/ UMR No</b> : PUBC23052/PUU22968	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSUL
<b>Received Dt</b> : 18-May-24 11:05 am	<b>Report Date</b> : 18-May-24 02:02 pm

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>COMPLETE BLOOD COUNT</b>				
<b>COMPLETE BLOOD COUNT</b>				
HAEMOGLOBIN	EDTA Blood	15.5	13.2 - 17.3 g/dL	Spectrophotometry
WHITE BLOOD CELLS (WBC)		6,450	4000 - 11000 Cells/cumm	Impedance, optical Absorbance, DHSS
PLATELET COUNT		244000	150000 - 450000 /cumm	Impedance
RED BLOOD CELLS		4.99	4.5 - 6 milli/cumm	Impedance
HEMATOCRIT/HCT (PCV)		44.6	40 - 50 %	Analogical integration
MCV		89.3	82 - 95 fl	Calculated
MCH		31.1	27 - 32 pg	Calculated
MCHC		34.8	32 - 36 g/dL	Calculated
RDW(cv)		12.2	11.5 - 14.0 %	Calculated
MPV		9.8	6 - 9.5 fl	Calculated
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	EDTA Blood	53.4	50 - 75 %	DHSS/Microscopy
LYMPHOCYTES		33.0	20 - 40 %	DHSS/Microscopy
EOSINOPHILS		6.1	00 - 06 %	DHSS/Microscopy
MONOCYTES		6.1	00 - 10 %	DHSS/Microscopy
BASOPHILS		1.4	00 - 01 %	DHSS/Microscopy
<b>PERIPHERAL SMEAR EXAMINATION</b>				
RBC morphology	EDTA Blood	Normocytic Normochromic		
WBC morphology		No Atypical Cells Seen		
PLATELETS		Adequate On Smear		
<b>BLOOD GROUPING AND RH</b>				
BLOOD GROUP	Blood	" O "		SLIDE AGGLUTINATION
RH TYPE		POSITIVE		
ESR		4	0 - 15 mm/1st hour	WESTERGREN'S METHOD

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

System Name : M



**DEPARTMENT OF LABORATORY**

<b>Patient Name</b> : Mr. VIPUL PRAVIN BAFNA	<b>Age /Gender</b> : 26 Y(s)/Male
<b>Bill No/ UMR No</b> : PUBC23052/PUU22968	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSUL
<b>Received Dt</b> : 18-May-24 11:37 am	<b>Report Date</b> : 18-May-24 02:02 pm

Parameters                      Specimen    Result                      Biological Reference In Method

System Name : M



**DEPARTMENT OF LABORATORY**


<b>Patient Name</b> : Mr. VIPUL PRAVIN BAFNA	<b>Age / Gender</b> : 26 Y(s)/Male
<b>Bill No/ UMR No</b> : PUBC23052/PUU22968	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSULTANT
<b>Received Dt</b> : 18-May-24 11:38 am	<b>Report Date</b> : 18-May-24 02:02 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>FBS (FASTING BLOOD SUGAR)</b>				
FASTING BLOOD GLUCOSE		97.3	Normal Range : 70 - 99 mg/dL Impaired Glucose tolerance : 100 - 125 mg/dL Diabetes Mellitus : - > 126 mg/dL	Hexokinase
<b>SERUM CREATININE</b>				
SGPT (ALT)		0.69	0.8 - 1.3 mg/dL	Jaffe
SERUM BILIRUBIN TOTAL		19.1	<= 41 U/L	Enzymatic
DIRECT BILIRUBIN		0.59	0.1 - 1.2 mg/dL	Colorimetric Diazo Method
INDIRECT BILIRUBIN		0.24	<= 0.20 mg/dL	Method: Diazo Method
0.35			<= 1.0 mg/dL	
<b>BUN(BLOOD UREA NITROGEN)</b>				
BUN (Blood Urea Nitrogen.)		5.1	7.0 - 21.0 mg/dL	Calculatead
<b>PPBS (POST PRANDIAL BLOOD SUGAR)</b>				
PPBS (POST PRANDIAL BLOOD SUGAR )		127.8	Normal range : < 140 mg/dL Impaired glucose tolerance : <= 199 mg/dL Diabetes Milletus : >= 200 mg/dL	Hexokinase

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

Lab Incharge

  
**Dr. PAWAR PRIYA VASANTRAO, MBBS, DNB**  
**CONSULTANT PATHOLOGIST**

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

System Name : M



Patient ID:	PUU22968	Patient Name:	VIPUL BAFNA
Age:	26 Years	Sex:	M
Accession Number:	PUBC23052-PK	Modality:	DX
Referring Physician:	HC	Study:	CHEST
Study Date:	18-May-2024		

**X RAY CHEST PA VIEW**

**FINDINGS** : Chest PA view with no comparison study shows.

**Mid-inspiratory radiograph.**

**Prominent bronchovascular markings noted in bilateral lung fields.**

Rest of the visualized lung fields are clear.

No obvious consolidation is seen.

There is no pleural effusion or pneumothorax seen.

No pneumoperitoneum is seen.

The cardiac silhouette appears within normal limits.

The diaphragmatic shadow and mediastinal structures are within normal limits.

Visualized osseous structures demonstrate no obvious abnormality.

**IMPRESSION** :

❖ **Prominent bronchovascular markings in bilateral lung fields.**

*Needs clinical correlation.*

**Dr. Madhuri Avhad (MBBS DMRD)  
Consultant Radiologist**



Date:- 18/5/24.

Name:- Ms. Vipul Bafna

Age/Sex:- 26/M.

S/B: Ophthalmologist: Dr. Kirti Mane

Eye	UCVA	PGVA	Pinhole	NEAR	COLOR VISION
Right	6/6				
Left		> no glasses	> 6/6	> N out glasses.	> WNC (16/16)

Other findings:-

Squint

Nystagmus


Night blindness:-

} no.

Impression:-

Eye exam is within normal limits

for desired fitness for work.

  
**Dr. Kirti Mane**  
MBBS, DOMS, MMC  
Reg. No. : 2005/05/2708





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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Vipul Bafna** aged, **26yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: Pune

Date: 18/05/2024

Dr. Nitesh Kumar  
M. B. B. S.  
BCMI. 47093

Name & Signature of

Medical officer: