

Patient Name : Mr.PARTHIBAN P	Collected : 04/Nov/2024 08:34AM
Age/Gender : 33 Y 3 M 9 D/M	Received : 04/Nov/2024 11:11AM
UHID/MR No : CTNA.0000209949	Reported : 04/Nov/2024 01:20PM
Visit ID : CTNAOPV210270	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 500134483743	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.7	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	35.3	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.1	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.0	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2905.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2198.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	197.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	464	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	272000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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



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DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name	: Mr. PARTHIBAN P	Age	: 33Yrs 3Mths 10Days
UHID	: CTNA.0000209949	OP Visit No.	: CTNAOPV210270
Printed On	: 04-11-2024 11:02 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 500134483743		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.

---End Of The Report---



Dr.RASHEED HIDAYATHULLAH
MBBS, DNB (RD)
78271
Radiology

Patient Name	: Mr. PARTHIBAN P	Age	: 33Yrs 3Mths 10Days
UHID	: CTNA.0000209949	OP Visit No.	: CTNAOPV210270
Printed On	: 04-11-2024 08:45 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 500134483743		

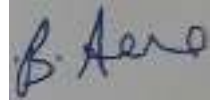
DEPARTMENT OF CARDIOLOGY

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

---End Of The Report---



Dr.ARUNA BABBURI
MBBS,MRCGP,DFSRH

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Cardiology



Fwd: Health Check up Booking Confirmed Request(36E2341),Package Code-PKG10000488, Beneficiary Code-322590

From parthiban ban <parthi1991p@gmail.com>
Date Mon 11/4/2024 8:29 AM
To Tnagar Apolloclinic <tnagar@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Wed, 30 Oct 2024, 16:50
Subject: Health Check up Booking Confirmed Request(36E2341),Package Code-PKG10000488, Beneficiary Code-322590
To: <parthi1991p@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Parthiban P**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Pre-employment Health Checkup H
Name of Diagnostic/Hospital : Apollo Clinic - T Nagar
Address of Diagnostic/Hospital- Apollo Clinic, Door No 11, [4, Sivaprakasam St](#), opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017
City : Chennai
State : Tamil Nadu
Pincode : 600017
Appointment Date : 04-11-2024
Confirmation Status : Booking Confirmed
Preferred Time : 08:30 AM - 09:00 AM
Booking Status : Booking Confirmed

Member Information

Booked Member Name	Age	Gender
Parthiban P	33 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

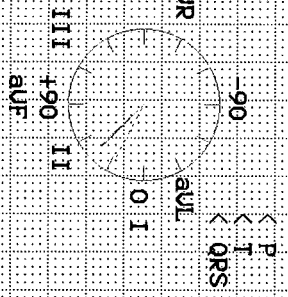
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GE MAC200 ST MR PARTHIBAN, P 0002099A9, APOLLO CLINIC, T NAGAR, CHENNAI
Male

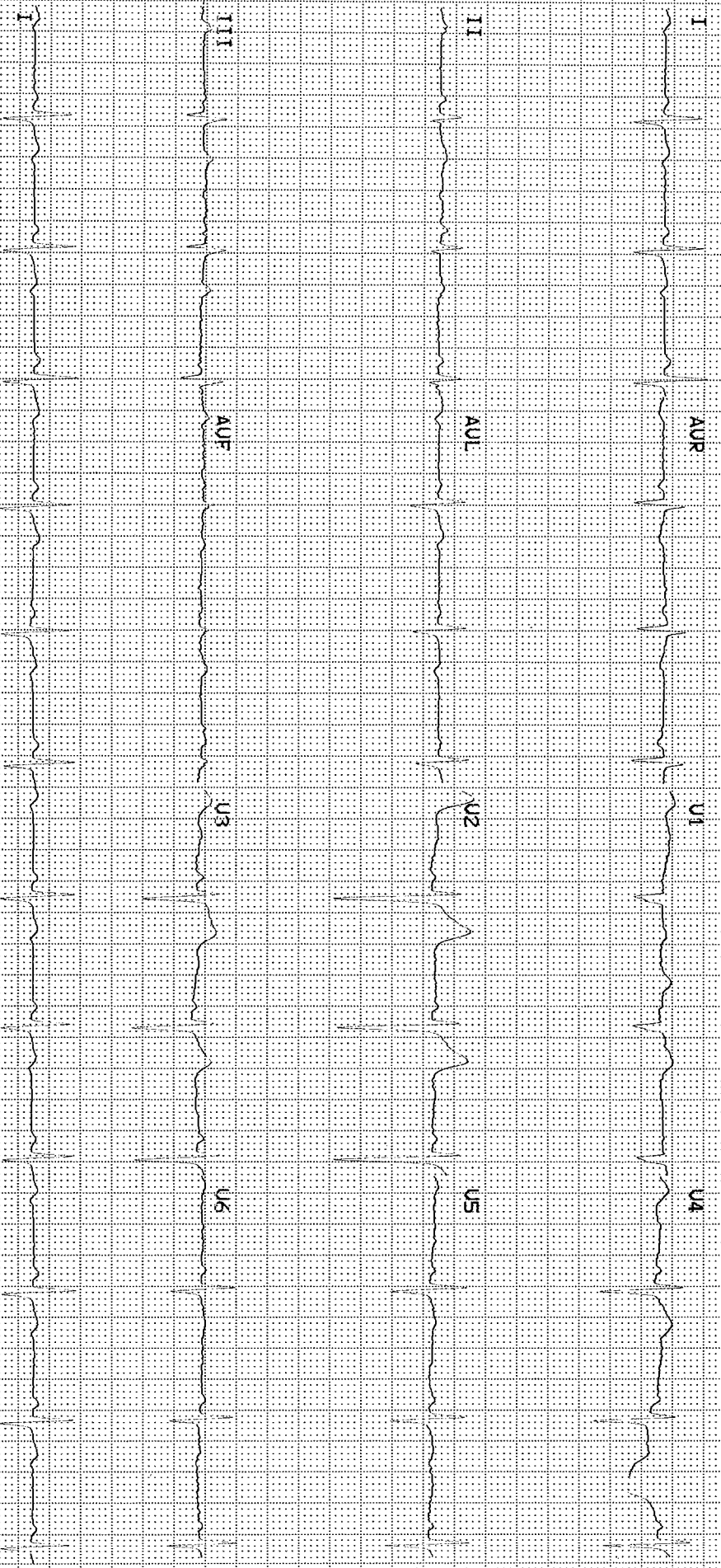
HR 71 bpm

AGE: 33
Measurement Results
QRS 96 ms
QT/QTcB 386 / 419 ms
PR 120 ms
P 84 ms
RR/PP 834 / 845 ms
P/QRS/T 28 / 45 / 46 degrees



Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Unconfirmed report



OPHTHALMOLOGY

Name: <u>PARATHIBAN-P</u>	Date: <u>4/11/24</u>
Age: <u>33</u>	UHID No.: <u>909949</u>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	(6/6p)	(6/6p)
DV-BCVA :	PLANO (6/6)	PLANO (6/6p)
NEAR VISION :	N6	N6
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :	Review	09/11/24

APOLLO MEDICAL CENTRE
11 A, Sivaprasadam Street, Anna Nagar
T. Nagar, Chennai - 600 017
Ph: 4341041 - 2434 1058 Email: amc@apollohospitals.com

Physical Examination			
Name: Mr/Mrs / Miss	Drothibhan P		
Age / Gender	33	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	DATE OF CHECK UP
HEIGHT	170 cm	Temp	
WEIGHT	71.2 kg	Pulse	
BLOOD PRESSURE (If above 140/90 record 3 readings)	120/80 mmHg	SpO2	
HR	26.7		
RR	98		
PT	99		
SATURATED	0.98	Temp	
RESPIRATORY RATE	18	HR	
PUPIL	Eq bilmtg		
	INSPIRATION	Ins:	CRIS
	EXPIRATION	Exp:	CRIS

VISION	OPHTHAL EXAMINATION				COLOUR VISION	
	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

APOLLO MEDICAL CENTRE
 114 Anna Salai, Anna Street, Palayamkottai
 T. Nagar, Chennai - 600 027
 Phone: 044 - 2634 1000 - 2634 0335

BOOK AN APPOINTMENT
1860 500 7788

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Ms. pontnebra on 5/11/2024

After reviewing the medical history and on clinical examination it has been found that She is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input 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> <ol style="list-style-type: none"> 1. <u>medically fit for job</u> 2. <u>suggested usg stb abdomen &</u> 3. <u>HBA1c → 11% Impaired</u> 4. <u>glucose tolerance</u> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<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. 
Medical Officer
The Apollo Clinic (Education)
 Family Physician
 486706

This certificate is not meant for medico-legal purposes