

Name : Mr. Mohsin Riyaz Ahmed Sayyed

Age : 40Y 6M 21D

UHID : CWAN.0000137897

Address : Kondhwa Bk Pune Maharashtra INDIA 411048

sex : Male



CWAN.0000137897

Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN
INDIA OP AGREEMENT

OP No: CWANOPV239718

Bill No: CWAN-OCR-52047

Date: Sep 12th, 2024, 8:11 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324		
1	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
2	BILIRUBIN, TOTAL - SERUM	Biochemistry	<input type="checkbox"/>
3	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry	<input type="checkbox"/>
4	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
5	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
6	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
7	ECG <i>IN - 11:02 out 11:46</i>	Cardiology	<input type="checkbox"/>
8	CREATININE, SERUM	Biochemistry	<input type="checkbox"/>
9	BUN/CREATININE RATIO	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11:15-</i>	Biochemistry	<input type="checkbox"/>
11	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
12	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
13	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
14	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>

Ht 180cm
Wt - 79.1kg
BP - 110/70



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Mohsin Sayyed on 13/9/2024

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

	Tick
<ul style="list-style-type: none">• 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> <p>1. <u>Mild Increase in Creatinine level</u></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 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. Mushfiya
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Date : 9/12/2024 Department : General Physician
 Patient Name : Mr. Mohsin Riyaz Ahmed Sayyed Doctor : Dr. MUSHFIYA BAHRAINWALA
 UHID : CWAN.0000137897 Registration No. : 2020010062
 Age / Gender : 40Yrs 6Mths 21Days / Male Qualification : MBBS and PG in Hospital Management
 Consultation Timing : 8:12 AM

Height : 180cm.	Weight : 79.1kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/55mmHg

General Examination / Allergies History

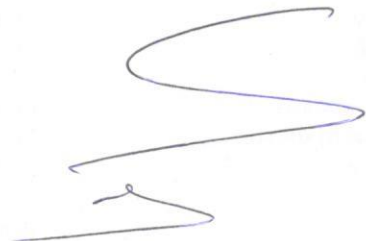
HTW,

Clinical Diagnosis & Management Plan

For PMC

No Cas. at the moment
 O/G:- CVS }
 CVS }
 Resp. } N/A
 Abcd } N/A

Fluor & Reports



Follow up date:

Doctor Signature

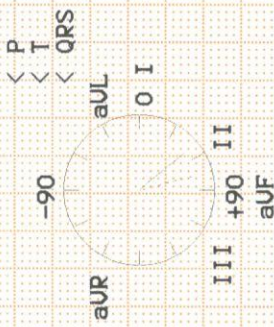
GE MAC1200 ST SAYYED, MOHSIN RIYAZ AHMED 000137897, APOLLO CLINIC WANOWRIE
 Male, 40 Years (22.02.1984)

HR 68 bpm

WNL
ML

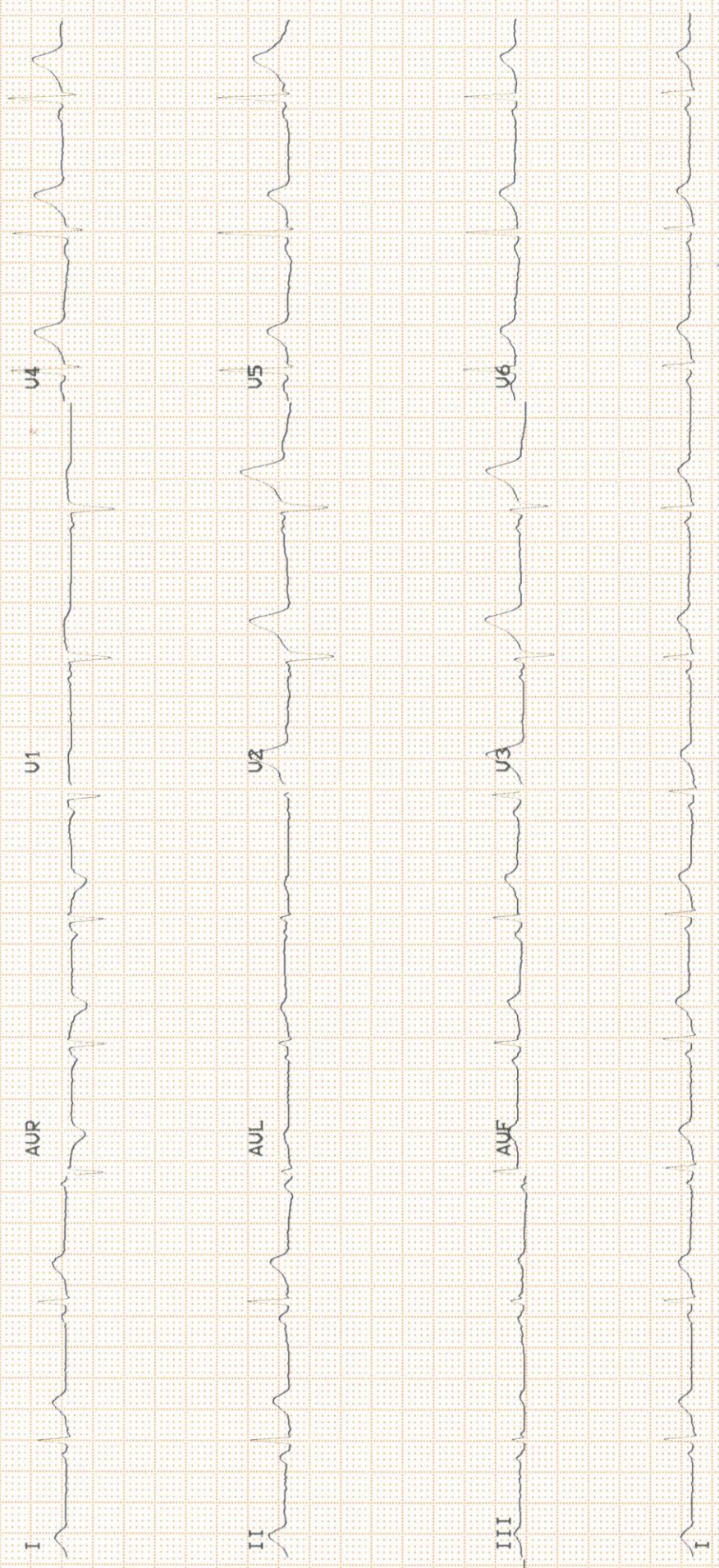
Measurement Results:

QRS : 86 ms
 QT/QTcB : 378 / 406 ms
 PR : 128 ms
 P : 102 ms
 RR/PP : 868 / 885 ms
 P/QRS/T : 75/ 50/ 50 degrees
 QTd/QTcBD : 34 / 36 ms
 Sokolow : 1.7 mV
 NK : 9



DR. MUSHFIYA BAHRAINWALA
 M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowarie
 NIBM Road, Kondt wa.

Unconfirmed report.



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Mohsin Rizaz

DATE :- 12/9/24

AGE/SEX :- 40y/M

UHID : 137897

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL ✓	NORMAL ✓
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	-	-

IMPRESSION:- Both Eyes Normal vision with glass.

Advice :-

Ophthalmologist

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. Mohsin Riyaz Ahmed Sayyed Age : 40Yrs 6Mths 21Days
UHID : CWAN.0000137897 OP Visit No. : CWANOPV239718
Printed On : 12-09-2024 11:33 AM Advised/Pres Doctor : --
Department : Radiology Qualification : --
Referred By : Self Registration No. : --
Employeer Id : 9920144559

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr. SHAAZ AHMED KHAN
MBBS,DMRE
2008/06/2464
Radiology