

## **Fitness Certificate**

Date of Issue: 19/03/2019

## I, Dr.JAVED SHAH do hereby certify that

Born on - 06/10/1995

Blood Group :

underwent an Pre Emp Medical check up Medical Examination on 19.03.2019

and is Fit without restriction.

Company -

Position -

Employee / Gin No - 1007053

Remarks:

Medical Centre: RUBY HALL CLINIC HINJAWADI

Dr. JAVED SHAH

MBBS, MD (General Medicine)

Regd no: 2016/09/3926

Consultant Physician

Ruby Hall Clinic,

Hinjawadi, Pune - 411057

Physician's signature

Medical Council Registration Number

This certificate of fitness, is valid for a period of three months from <u>date of medical</u> <u>examination</u>



### DR. JAVED SHAH

Degree MBBS, MD (Gen Medicine)

Ext. Website

Date/Time 19/03/2019.05:57:48 pm

Prescription Number : 1

Full Address Hinjewadi Rajiv Gandhi Infolech Park

Hinjewadi, Pune-411057

Contacts: [9827066482] . drjyshah@gmail.com Timing: Mon to Friday: 4:00 - 7:00 P.M

Patient's Phone Number : 9011475838

Sex : Female Age : 23 Years Weight 40.2 kgs

#### 1 MITTER S MITTER 11000000040302

Patient's Address : LABURNUM PARK, MAGARPATTA.

### **CONSULTATION DETAILS**

## Patient has visited for

ASYM

#### General Examination

BMI: 16:52 kg/m2 | Weight: 40.2 kgs | Height: 156 cm | Pain Score: 1 /10 | RR: 18 BPM | BP (Sys/Dia): 90/

59 mmHg | Pulse : 71 bpm | Temp : 98 F

## **Investigation Review Notes**

HB 11.60.

### Diagnosis

health checkup

#### PATIENT INSTRUCTIONS

#### Recommendation

DIET PLANNING | REGULAR EXERCISE

#### Follow up on

follow up in medicine opd sos



Dr. Javed Shah

MBBS, MD (Gen Medicine)

Consultant

Physician

2016/09/3926



• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com

### DEPARTMENT OF BIOCHEMISTRY

**Patient Name** 

Bill No/ UHID No :OH012008 / H00000048362

Result

: 82.0

Received Date

:19-Mar-2019 10:07 am

Lab No/Result No: 190301225 / RES114337

GLUCOSE (FASTING)

-D- HOSPITAL SASE

Referred By

Investigation

:Dr. HOSPITAL CASE

And the second second second second

Reference Range Normal: < 100.0 mg/dL

Specimen

Prediabetic: 100 - 125

Diabetic : >= 126 mg/dL

REFERENCE: ADA 2015 GUIDELINES

GLUCOSE (POST PRANDIAL)

: 101.0

......

Normal : < 140 mg/dl GOD-POD

Prediabetic: 140 - 199

mg/dl Diabetic

: >= 200 mg/dl

Age /Gender :23 Y(s)/Female

Report Date :19-Mar-201910:59 am

:SERUM

Method

GOD-POD

ADA 2015 guidelines

Note: This test is performed on automated BIO CHEMISTRY analyzer - Vitros250

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

Verified By

RAVIN

NOTE:

\* Clinically correlate, Kindly discuss if necessary.

\* This report relates only to the item received.

Printed By : FIRST FLOOR

OH anderland

Dr. APARNA S.MANDVEKAR, MBBS MD DNB(PATHOLOGY) Consultant Pathologist

Printed On: 20-Mar-2019 07:15:46 AM System Name: RUBY

PS-35-1023 PP (P.T.O. for conditions of reporting)



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## DEPARTMENT OF BIOCHEMISTRY

**Patient Name** 

Bill No/ UHID No : OH012008 / H00000048362

**Received Date** 

:19-Mar-2019 10:07 am

Lab No/Result No: 190301225 / RES114337

CHOL/HDL RATIO

Referred By

:Dr. HOSPITAL CASE

Age / Gender : 23 Y(s)/Female

Calculated

Report Date :19-Mar-201910:59 am

Specimen

Investigation	Result	Reference Range	Method
CREATININE	: 0.5	0.5 - 1.2 mg/dL	Enzymatic
URIC ACID	: 4.2	2.6 - 6.0 mg/dL	Uricase
ALANINE TRANSAMINASE	: 19.0	10 - 40 U/L	Kinetic
ASPARTATE TRANSAMINASE	: 15.0	10.0 - 40.0 U/L	Kinetic
GAMMA-GT (GGT)	: 10.0	7.0 - 50.0 U/L	Kinetic
LIPID PROFILE			
CHOLESTEROL	: 116.0	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	: 87.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	: 44.0	35 - 65 mg/dL	Enzymatic
LDL CHOLESTEROL	: 54.0	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 17.0	5.0 - 36.0 mg/dL	Calculated

ATP III NCEP GUIDELINES FOR INTERPRETATION OF LIPID PROFILE

: 2.6

PARAMETER	DESIRABLE	BORDERLINE	REQUIRES TREATMENT
Total Cholesterol	Below 200	200 - 240	Above 240
HDL Cholesterol	Above 60	40 - 59	Below 40
LDL Cholesterol\tab	Below 130	130-160	Above 160

Note: This test is performed on automated BIO CHEMISTRY analyzer - Vitros250

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

2.0 - 6.2

Verified By

RAVIN

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Printed By: FIRST FLOOR

Dr. SAYALI DESHMUKH **Consultant Pathologist** 

Doelmuth

Printed On: 20-Mar-2019 07:15:46 AM System Name: RUBY



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## DEPARTMENT OF CLINICAL PATHOLOGY

**Patient Name** 

Bill No/ UHID No :OH012008 / H00000048362

Received Date

:19-Mar-2019 10:58 am Lab No/Result No: 190301247 / RES114422

Referred By

: Dr. HOSPITAL CASE

Age /Gender :23 Y(s)/Female

:19-Mar-2019 1:30 pm Report Date

:URINE Specimen

Sec/Cup/Rep : No. 0192

Reference Range Investigation Result

URINE ROUTINE

PHYSICAL EXAMINATION

: Pale Yellow COLOUR : Clear APPEARANCE

**CHEMICAL TEST** 

: 5.0 5.0-7.0 : 1.005 1.015-1.030 SPECIFIC GRAVITY Absent : Absent ALBUMIN Absent : Absent SUGAR : Absent Absent KETONE BODIES Absent : Absent BILE PIGMENTS Normal : Normal UROBILINOGEN : Absent Absent NITRITES : Absent Absent LEUCOCYTES ESTERASE

MICROSCOPIC TEST 0-5 /hpf : 1-2 PUS CELLS. 0 - 2 /hpf : 0-2 RED BLOOD CELLS. 0 - 5 /hpf : 2-3 EPITHELIAL CELLS. Absent : Absent BACTERIA : Absent Absent CAST Absent : Absent YEAST CELLS Absent : Absent **CRYSTALS** : Absent Absent **OTHERS** 

Note: This test is performed on automated CLINICAL PATHOLOGY analyzer - URI PLUS200

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

Verified By

ANAND

NOTE:

Clinically correlate, Kindly discuss if necessary.

This report relates only to the item received.

Printed By : FIRST FLOOR

Deslimble Dr. SAYALI DESHMUKH

**Consultant Pathologist** 

Printed On: 20-Mar-2019 07:15:46 AM System Name: RUBY



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## **DEPARTMENT OF HAEMATOLOGY**

**Patient Name** 

Bill No/ UHID No : OH012008 / H00000048362

Received Date

:19-Mar-2019 10:07 am

Lab No/Result No:190301225 / RES114330 Referred By

:Dr. HOSPITAL CASE

Age /Gender :23 Y(s)/Female

Report Date :19-Mar-201910:41 am

Specimen

: EDTA WHOLE BLOOD

Investigation	Result	Reference Range	Method
HAEMOGRAM REPORT			
W.B.C.COUNT	: 6600	4000 - 11000 /ul	Coulter Principle
Differential Count			
NEUTROPHILS	: 57.6	40-75 %	Derived from WBC Histogram
LYMPHOCYTES	: 33.0	20-40 %	
MONOCYTES	: 7.9	2-10 %	
EOSINOPHILS	: 1.4	1.0 - 6.0 %	
BASOPHILS	: 0.1	0.0 - 1.0 %	
ABSOLUTE NEUTROPHIL COUNT	: 3.79	2 - 7 x103cells/ul	
ABSOLUTE LYMPHOCYTE COUNT	: 2.17	1 - 3 x103cells/ul	
ABSOLUTE MONOCYTE COUNT	: 0.52	0.2-1.0 x103cells/ul	
ABSOLUTE EOSINOPHIL COUNT	: 0.09	0.02-0.5 x103cells/ul	
ABSOLUTE BASOPHIL COUNT	: 0.01	0.02-0.1 x103cells/ul	
R.B.C COUNT	: 3.90	3.8 - 5.8 million/ul	Coulter Principle
HAEMOGLOBIN	: 11.6	12 - 15.0 g/dl	Cynmethhaemoglobin, Photometry
HAEMATOCRIT	: 34.8	36-46 %	Calculated Parameter
MCV	: 89	83 - 99 fL	Coulter Principle
MCH	: 29.7	27-32 pg	Calculated parameter
MCHC	: 33.4	31.5-34.5 g/dL	Calculated Parameter
RDW	: 12.5	11.6-14.0 %	Calculated from RBC Histogran
PLATELET COUNT	: 363	150 - 450 x103/ul	Coulter principle
MPV	: 7.7	7.8-11 fl	Coulter Principle
ESR at 1 Hour	: 05	0 - 20 mm/hr	Modified Westergren Method

INTERPRETATION:

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

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

Verified By

SAINATH

\* Clinically correlate, Kindly discuss if necessary.

\* This report relates only to the item received.

Dr. SAYALI DESHMUKH **Consultant Pathologist** 

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PS-35-1023 (P.T.O. for conditions of rep



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### DEPARTMENT OF SEROLOGY

**Patient Name** 

Bill No/ UHID No :OH012008 / H00000048362

Received Date

:19-Mar-2019 10:58 am

Lab No/Result No: 190301247 / RES114496

Referred By

:Dr. HOSPITAL CASE

Age /Gender :23 Y(s)/Female

Report Date :19-Mar-2019 3:53 pm

Specimen

<u>Investigation</u> <u>Result</u>	Method
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DRUG OF ABUSE - (PANEL OF 6)

URINE CREATININE.

Normal human urine

: >20 mg/dL

?Diluted urine sample

6-20 mg/dL

?Substituted urine sample :

< 6 mg/dL

NEGATIVE

Greater than 1000 ng/mL Greater than 200 ng/mL

NEGATIVE NEGATIVE

Greater than 300 ng/mL

BENZODIAZEPINE COCAINE MORPHINE/OPIATES

TCA - Tricuclic Antidepressants

AMPHETAMINE

BARBITURATE

: NEGATIVE : NEGATIVE

: NEGATIVE

: NEGATIVE

: NEGATIVE

: NEGATIVE

NEGATIVE NEGATIVE Greater than 300 ng/mL Greater than 300 ng/mL

NEGATIVE

Greater than 1000

Method

Urine Drugs: Rapid Immunochromatography

Specificity

Presence of interfering substances may lead to decreased specificity.

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

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Verified By

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Dr. APARNA S.MANDVEKAR, MBBS MD DNB(PATHOLOGY)
Consultant Pathologist

Printed On: 20-Mar-2019 07:15:46 AM System Name: RUBY

PS-35-1023 (P.T.O. for conditions of reportir



Name:

023 Years

Age:

Gender:

H00000048362

PID: OPD: Exam Date: 19-Mar-2019

Accession: 28312105508

Exam:

CHEST X RAY

Physician: HOSPITAL CASE^^^

Health Check

Radiograph Chest PA View:

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

Impression: No significant abnormality noted.

DR VISHAL BAHIR, ASSOCIATE CONSULTANT, M. D. RADIODIAGNOSIS

Date: 19-Mar-2019 12:50:11

# **OUT-PATIENT RECORD**

Patient Name Hospital No.

: HUUUUUU48302

Age/Sex Date/Time : 23 Years / Female : 19/03/2019,11:52:42 am

Consultant Name

: Dr. Sapna Kotwaliwale

Episode No

: PAN190377300

HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT AND PROGRESS

#### CONSULTATION DETAILS

### **General Examination**

### **Physical Examination**

EYE:

Vision - 6/6 (Both eyes)

N<sub>5</sub>

Colour Vision - Normal

Diagnosis

Preventive Health Check

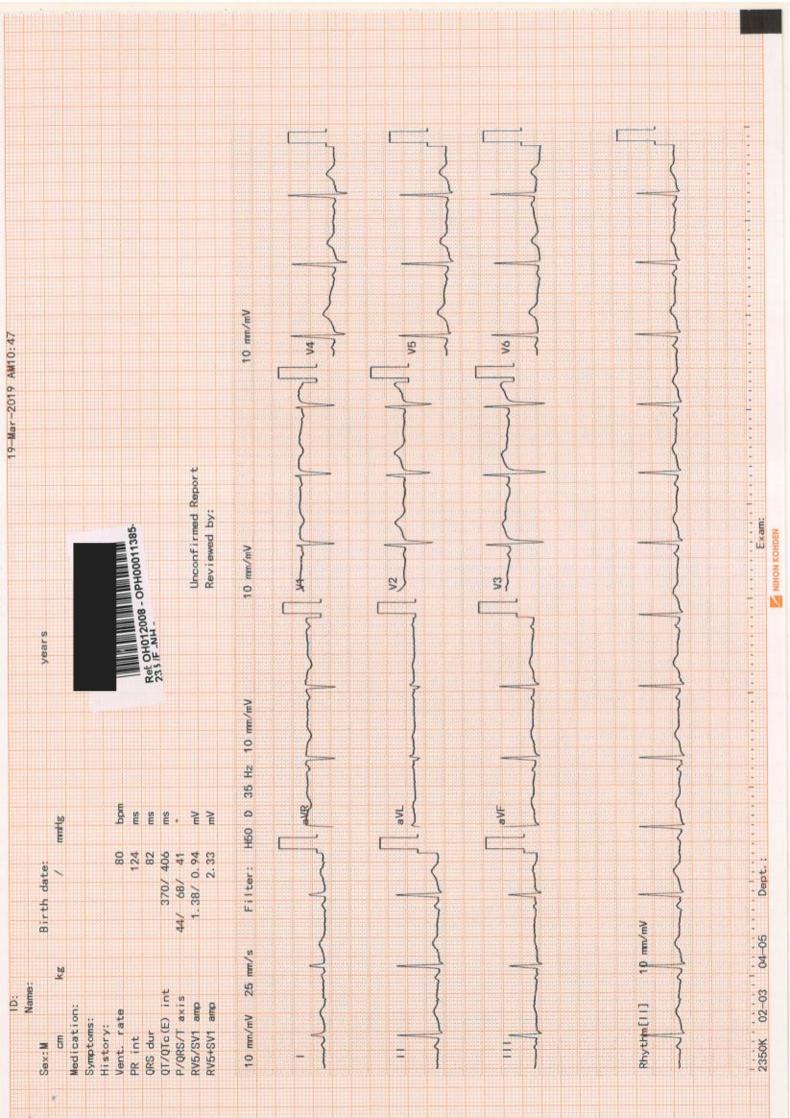
Japan Kotwaliwale

MBBS, DOMS Consultant Ophthalmology

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	K.		AUDIOGRA	<u>AM</u>	Y	
atient Nar	ne:	∠3.5./F -Nf	1 - 0-H00000048362	Sex:	Age:	1
Complaint:		19/03/2015			Date: 19.0	3.2019
Occupation		Ref: OH01	2008 - OPH00011385		D.O.B.:	
occupation						
Registratio	n No.:			Refer	rence:	
Test	Right Ear (Red)	Left Ear (Blue)	VALUES 125 25	0 500 750 1k 1.5k	2k 3k 4k 6k 8k	10k HZ
AIR	0-0	X-X	0	NORMAL		
AIR OPP EAR MASKED	Δ-Δ	0-0	10	SLIGHT	Q Q	
NO RESPONSE	Ō	×	30	MILD		
BONE	<	>	50	MODERATE		
BONE OPP EAR MASKED	1	1	60	MODERATELY SEVE	RE	
Test	Right Ea (Red)	r Left Ear (Blue)	90	SEVERE		
RINNE	tue	tue	100	PROFDUND		
WEBER	1	->	110			
BING			120 HEA	RING THRESHOLD L	EVEL IN dBHL	
Daignosis:	BI	Lno	rmal licari	ng sentih	urg.	
Test Result	Rel	iable	Fair Poor		0 .	
SRT:						
SDS:				*	Audiologist Sign	ature



Name :-

Age / Sex :-

Date:-

HR Rate :-

Rhythm :-

Voltage :-

Axis:-

P Wave :-

PR Interval :-

QRS :-

ST:-

Others :-

Final Impression :-

MALL

2. Clinical Co-relation is needed.

1. 3. Please Take a Photocopy of this ECG.

Signature Cardiologist / Physician

Note: - 1. This impression is based on ECG.