



MEDICAL CERTIFICATE

(Application to the law of 15 December 1980 regarding the access to the territory, the stay, the access to the territory, the establishment and the disposal of foreigners)

The Undersigned Doctor in medicine (full name) Dr. Shaju Cheringal Sadanandan certifies that he/she has examined this day Mr./Mrs./Ms./Miss./Baby/ (full name)

Sasi Rajeswari Adithyan

Nationality : Indian

Date and Place of birth : 12.03.1998, Kochi, Kerala

Residing at : 9/1104, Thuruthiparambil, Near Ajantha Theatre, Manthra, Mattancherry P.O, Ernakulam, Pin: 682002, Kerala, India

And has found him/her free of one of the following illness which can threaten the public health:

1. Illness requiring quarantine as stated by the international health regulation of the World Health Organization, undersigned In Geneve on 23 May 2005.
2. Pulmonary tuberculosis, active or progressive;
3. Other Contagious or transmittable diseases by infection or parasites if they are subject in Belgium to provisions of protection of the nationals.

Issued at : Lourdes Hospital, Pachalam, Cochin-12 On : 08.07.2024 Serial No: 199

Signature of doctor 

Stamp of doctor's Office: Dr. Shaju Cheringal Sadanandan

Dr. SHAJU CHERINGAL SADANANDAN
MBBS, Asso Fellow of Industrial Health
TCMC 25600
Department of General Medicine
Lourdes Hospital, Cochin-12



If applicable, Visa of the Embassy, Consulate general or Consulate

(Seal)

At..... On.....



LOURDES HOSPITAL



Post Graduate Institute of Medical Science & Research

A Unit of Lourdes Society for Health Care and Research

OPD

| | | | |
|---------------|-------------------------------------|---------------|--------------------------|
| Patient ID | : 0001453787 | | |
| Name | : Mr.SASI RAJESWARI ADITHYAN | Gender/ Age | : Male / 26 Yrs |
| Invoice No. | : 014412 | Invoice Date | : 08/07/2024 11:47:25 AM |
| Referred By | : Dr.SHAJU CHERINGAL SADANANDAN. | Dept./Unit | : GENERAL MEDICINE |
| Received Date | : 08/07/2024 11:51:09 AM | Reported Date | : 08/07/2024 02:40:07 PM |

LABORATORY REPORT

| Test Name | Result | Ref. Range | Units |
|-----------|--------|------------|-------|
|-----------|--------|------------|-------|

PARASITOLOGY

Stool Routine

| | | | |
|---------------|-----|--|------|
| OVA | Nil | | |
| CYSTS | Nil | | |
| AMOEBA | Nil | | |
| W.B.C. | Nil | | /HPF |
| R B C | Nil | | HPF |
| Stool Routine | | | |

FULLY AUTOMATED RESULT

| | | | |
|--------------------|-------------|---------------|------|
| URINE SUGAR | Negative | Negative | |
| URINE ALBUMIN | Negative | Negative | |
| URINE BILIRUBIN | Negative | NIL | |
| URINE ACETONE | Negative | Negative | |
| URINE UROBILINOGEN | Normal | Normal | |
| URINE NITRITE | Negative | NIL | |
| URINE SP.GRAVITY | 1.021 | 1.015 - 1.025 | |
| URINE PH | 6.5 | 4.6 - 8.0 | |
| URINE COLOUR | Pale yellow | Pale yellow | |
| URINE MICROSCOPY | | | |
| WBC | 2-4 | | /HPF |
| RBC | Nil | | /HPF |
| EPITHILIAL CELLS | Nil | | /HPF |
| CAST | Absent | | /HPF |
| CRYSTAL | Absent | | /HPF |
| BACTERIA | Nil | | /HPF |

IMMUNOLOGY

| | |
|---------------|--------------|
| V.D.R.L.(RPR) | Non reactive |
|---------------|--------------|

Remarks:

—END OF REPORT—

** Indicates Abnormal Result

DR. RENJINI JOSEPH MD MICRO
MICROBIOLOGIST



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AUTHORIZED BY