



Asia Royal Hospital
Medical Check Up
FITNESS CERTIFICATE



Name : U Zay Say Lwin
Date of Birth : 13/03/1990
Position : _____


Fit for work

Unfit for work

Fit for work with the following described care

Suggestion(s) :

FIT

Physician Name : Dr. Aye Hsu Swe
Clinic : Asia Royal Checkup
Date of Examination : 25/02/25
Date of Expiry of Certificate : 24/02/26
Signed :  Dr. Aye Hsu Swe
SAMA - 30643

Asia Royal Hospital

No.14, Baho Street, Sanchaung Township

Yangon, Myanmar

Ph: 01-7538055, 09-778778885

(The above recommendations are made according to the best of our knowledge, history, Physical examination & investigation results)



ASIA ROYAL MEDICAL LABORATORY

ISO 9001
2015
Certified No. 685701

First Name: **U ZAW SAILWIN**

Age: 34Year

Sample ID: 2502601169E

Gender: **Male**

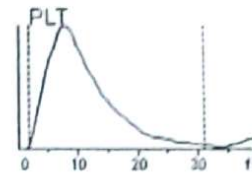
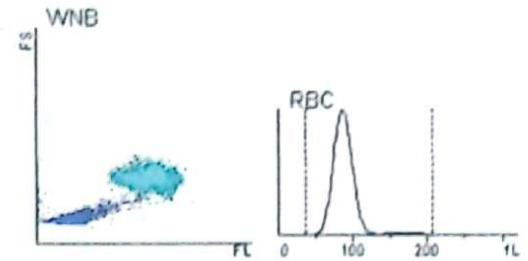
Refer Dr. DR. Asia Royal

Patient ID:

Date of Analysis: 25-Feb-25 3:03 PM

Diagnosis:

Para.	Result	Unit	Ref. Ranges
1 WBC	7.69	10 ³ /uL	4.00 - 11.00
2 RBC	5.95	10 ⁶ /uL	4.50 - 6.50
3 HGB	15.1	g/dL	12.5 - 16.0
4 HCT	46.5	%	42.0 - 48.0
5 MCV	78.2	fL	76.0 - 96.0
6 MCH	L 25.4	pg	27.0 - 33.0
7 MCHC	32.5	g/dL	32.0 - 36.0
8 PLT	282	10 ³ /uL	150 - 400
9 RDW-SD	45.4	fL	37.0 - 54.0
10 RDW-CV	H 14.8	%	11.5 - 14.6
11 PDW	16.0		9.0 - 17.0
12 MPV	H 10.9	fL	7.4 - 10.5
13 P-LCR	32.0	%	13.0 - 43.0
14 P-LCC	90	10 ⁹ /L	30 - 90
15 PCT	0.307	%	0.170 - 0.350
16 NRBC%	0.00	/100WBC	
17 NRBC#	0.000	10 ⁹ /L	



Flag
Anisocytosis

[Handwritten signature]

Dr. Khin Saw Aye / Daw

Sr. Consultant Pathologist

M.B.,B.S., M.Med,Sc. (Pathology), Ph.D., FRCP (Glasg)

SAMA - 9832



LABORATORY REPORT

Patient's Name : U ZAW SAI LWIN Age & Sex : 34 Yrs / Male
 Referral Doctor : DR. Asia Royal Hospital Reg. No. : HRN-0326722
 Lab Ref. No. : 2502-601169 AD No./Room No. : 25-048628 /
 Collected Date/Time : 25/02/2025 11:09 AM Reported Date : 25/02/2025
 Sample Type : Blood Printed Date/ Time : 25/02/2025 06:34 PM

Test	Result	Unit	Reference Interval
Lipid Profile			
Cholesterol (Total)	5.49	H mmol/L	< 5.2
	212	H mg/dL	< 200
HDL Cholesterol	1.31	L mmol/L	>= 1.6
	51	L mg/dL	>= 62
LDL Cholesterol (Direct)	3.32	H mmol/L	< 3.3
	128	H mg/dL	< 127
Triglycerides	3.20	H mmol/L	< 1.7
	283	H mg/dL	< 150
T.Chol/HDL Ratio	4.19		< 5
Uric Acid	241	μmol/L	202 - 417
Glucose	4.44	mmol/L	3.0 - 6.0 (Fasting)
		mmol/L	4.0 - 7.8 (Non-Fasting)
SGOT (AST)	39	U/L	< 50 (Male)
SGPT (ALT)	50	H U/L	< 50 (Male)
Alkaline Phosphatase	150	H U/L	40 - 130 (Male)
Urea	3.3	mmol/L	2.8 - 8.1
Creatinine	79	μmol/L	59 - 104 (Male)
eGFR (CKD-EPI)	115	mL/min/1.73 m ²	>=60
(application to age >=18 yrs)			

8 Items Only

ဓာတ်ခွဲခန်းအဖြေများကိုသက်ဆိုင်ရာဆရာဝန်နှင့်သာတိုင်ပင်ပါရန်

Verified By : Daw May Thu Htet (Sr. Medical Laboratory Technologist)

Date : 25/02/2025 06:04 PM

Validated By : Dr. Aye Sanda Htun (Sr. Consultant Pathologist) M.B., B.S.(Ygn) M Med Sc, Ph.D (Pathology)

Date : 25/02/2025 06:24 PM

This is a computer generated report. Results are validated electronically. Information contained in this document is confidential. The results reported herein have been in accordance with the terms of accreditation under the Singapore Accreditation Council. Duplication of this report is not allowed unless approved.
 No. 14, Baho Road, Sanchaung Township, Yangon, Myanmar. Ph: 01-7538055, 09-778778885 (Telenor to Telenor Short Code - 8885) (Fax 12204),
 Laboratory Ph: 09-443108416, E-mail : info.lab@asiaroyalhospital.com, Website : www.asiaroyalhospital.com
 AR-LAB-QMS-EX-001/E-04/15-06-2023/21-06-2023/UNCONTROLLED



URINE ANALYSIS REPORT

Sample ID : 2502601169 Doctor name : Asia Royal
 Patient Name : U Zaw Sai Lwin Bed No. :
 Age : 34 Sample Number : 800074
 Sex : Male Received Date : 25/02/2025

UF 5000	Result	Reference	Unit
RBC	0.3	0-4	/HPF
Normal RBC	0.3	0-4	/HPF
WBC	6.7	0-4	/HPF
WBC Clumps	0.0	0-4	/HPF
EP cells	0.0	0-5	/HPF
Squa.EP	0.0	0-5	/HPF
Non-Squa EP	0.0	0-1	/HPF
Cast	0.00	0-1	/HPF
Hy.Cast	0.00	0-1	/HPF
Patho cast	0.00	0-1	/HPF
Bacteria	2.8	0-216	/HPF
Crystals	0.0	0-2	/HPF
Yeast cells	0.0	0-1	/HPF
Sperm	0.0	0-9	/HPF
Mucus	0.00	0-1	/HPF

UC 3500	Result	Unit
Chemistry		
Urobilinogen	normal	
BLD	-	
Bilirubin	-	
Ketone	-	
Glucose	-	
Protein	-	
pH	8.0	
Nitrite	-	
Leucocytes	-	
S.G	1.007	
Color	L YELLOW 01	
Turbidity	-	

(-) = Negative

(+ -) = Trace

Remark:

Handwritten signature

Dr. Khwar Nyo Zin
 Sr. Consultant Microbiologist
 M.B.,B.S., M.Med.Sc. (Microbiology)
 SAMA -9843

Analysis Time : 25/02/2025 15:56:47

Ko Zaw Sai Lwin

10493

Age: 34

Date of birth: 13/03/1990

Report Date: 25/02/2025
Tester:

Asia Royal Hospital
No.14, Baho Street, Sanchaung Township,
Yangon Myanmar.
Tel: (Hunt Line) 538055, Fax: 95-1-537296



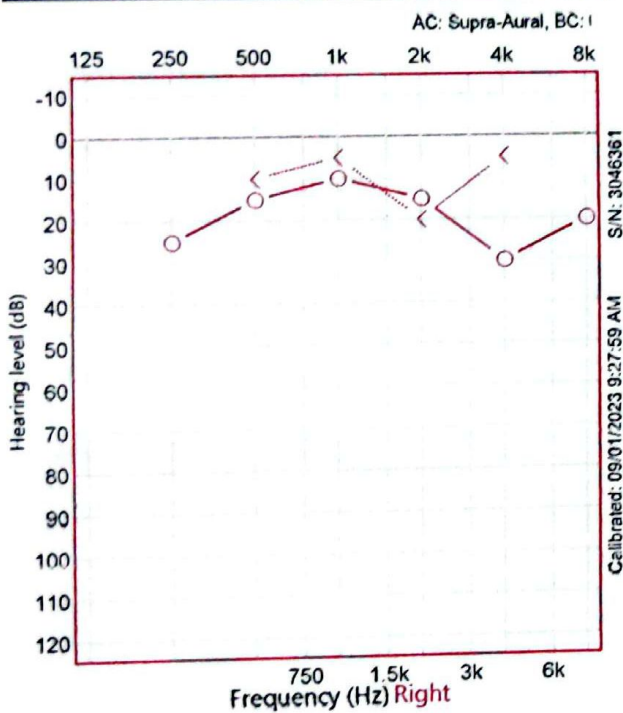
Report Comments:

Audiometry:

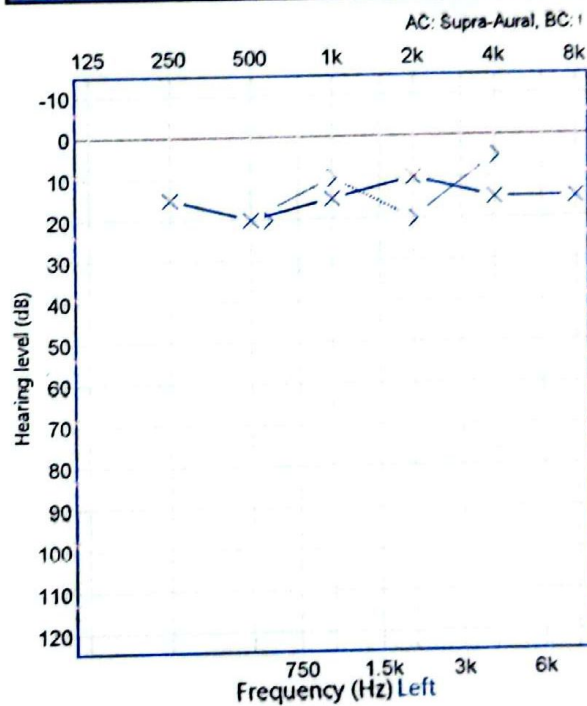
Right Ear -Normal

Left Ear -Normal

RIGHT 25/02/2025



LEFT 25/02/2025



Legend		
L	R	Masked
x	o	AC □ △
>	^	BC] [
S	S	S SF // ⊗
M	M	MCL
U	U	UCL
∇	↓	NR
PTA AC: 500, 1k, 2k		
BC: 500, 1k, 2k		
Aud Method:		

PTA (dB HL) / AI (%)			
	AC	BC	AI
Right	13	12	
Left	15	17	

Signed by:



Asia Royal Hospital

Medical Imaging Report



No. 14, Baho Road, Sanchaung Township, Yangon, Myanmar.
Ph: 01-7538055, 09-778778885 (Telenor to Telenor Short Code - 8885)
Website : www.asiaroyalhospital.com

Patient Name : U ZAW SAI LWIN
Sex : M
Refer Doctor : DR. Asia Royal
Patient ID : HRN-0326722

Study Date : 25/02/2025
Age : 34
Modality : DX
Ref; Number : 2502613801002233

Chest X-ray (PA view)

Heart is normal in size and shape.

There is no active parenchymal lung lesion.

Hila and mediastinum are normal.

No pleural effusion.

IMPRESSION : NAD

Dr. Kyaw Myint
MBBS: DMRD
Senior Consultant Radiologist

This is a professional opinion and not a final diagnosis. The findings are dependent on equipment and please correlate with history, clinical findings and other investigations. Report used for medico-legal purposes by unauthorized persons is prohibited.



- 1. I hereby certify that the statements made by me below are true and correct to the best of my knowledge.
- 2. I also give consent to the doctors of Asia Royal Hospital, for the physical examination and necessary investigational procedures for this medical examination.
- 3. I hereby authorize Asia Royal Hospital to provide PTTEP (Company) with copies of all my medical records.

Date: 25/02/2025

Signature: _____
 Name: U ZAW SAI LWIN
 N.R.C No/Passport No: 12/DAGATA(N)076131
 Registration No: Ref-062543

To be completed on your own

Name	NRC No / Passport No.	Member No.
U ZAW SAI LWIN	12/DAGATA(N)076131	M02161
Father's Name U YE LWIN	Job Title[Describe nature of work]	
Blood Group -	Identification Mark	
Permanent Address	FASTPOINT (PTTEP OUT)	
Phone No.	09421005232	

Sex Male Female Age: Years Date of Birth : Day Month Year

Single Separated Widow(er)
 Married Divorced Number of children

Please tick the block under 'Yes' if you have the given symptom or 'No' if you don't have.

Past Medical History

Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gastritis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palpitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jaundice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slow heart beat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gall stone
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver abscess
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Valvular heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Constipation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ischaemic heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood in stool
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dyspnoea on Exertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Syncope
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Headache/migraine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meningitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drug addiction/abuse,if so specify....			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ever taken action to end your life, if so specify....			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes Mellitus			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thyroid disease			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing Problems			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vision Impairment			

Vaccinated
Past Surgical
Major operation

- Cholecystitis
- Hepatitis
- Depression
- Insomnia
- Blood in urine
- Any skin disease, if so
 - Scabies
 - Herpes
 - Pustules
 - Depigmentation
 - Keloid
- Sinusitis
 - Acute
 - Chronic
- Joint/Back Problems, if so specify....
- BPH
- Malaria
- Filaria
- Typhoid
- Sexually transmitted disease, if so specify....
- Piles/Varicose Veins
- Any blood disease, e.g: Leukaemia, Thalassaemias, Anaemia, Haemophilia, G6PD Deficiency, if so specify...

Chief Complaint Onshore checkup, no complaint
Known hypertension ,no regular treatment

For Woman only

- Breast lump Yes No if so specify...
- Regular menstruation Yes No if not regular, describe in detail..
- LMP
- Pregnant Yes No
 - Number of pregnancies
 - First child years old
 - Last child years old
- Gynaecological problem & treatment Yes No if so specify...

Personal History

- Do you take alcohol regularly? Yes No if so specify... Beer drinking
- Are you a smoker? Yes No
 - Number of cigarettes per day
- Are you an ex-smoker? Yes No
 - How long have you been quitting smoking?
- Regular exercise Yes No

Hospitalization History Yes No if so specify...

Vaccination History

if so specify...

COVID

Past Surgical History

Yes No
 if so specify...

Major operation

Minor operation

if so specify...

Family History

Heart disease

Father Mother Uncle Aunt Brother Sister Daughter Son

High blood pressure

Diabetes Mellitus

Asthma

Tuberculosis

Epilepsy

Stroke

Hepatitis B Carrier

Hepatitis C Carrier

Mental illness

Blood disease

Cancer

Others

	Father	Mother	Uncle	Aunt	Brother	Sister	Daughter	Son
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug History

Drug allergy

Yes No Name of drugs Oral IV How severe is the allergy?

Drugs currently taken

NIL

Signature

[Signature]

Date: 25/02/2025

Physical Examination

General appearance

Height	172	cm/		ft		inch	BMI	21.9	Underweight < 18.5	<input type="checkbox"/>
							(kg / m ²)		Target 18.5 - 25	<input checked="" type="checkbox"/>
Weight	64.8	kg/		lb					Overweight 25 - 30	<input type="checkbox"/>
									Obesity 30 - 40	<input type="checkbox"/>
									Extreme/ morbid obesity > 40	<input type="checkbox"/>

Eyes

Vision	Distant	Near	Colour vision
Uncorrected <input checked="" type="checkbox"/>	L: <input type="checkbox"/> N <input type="checkbox"/>	L: <input type="checkbox"/> N <input type="checkbox"/>	N <input checked="" type="checkbox"/>
Corrected <input type="checkbox"/>	R: <input type="checkbox"/> N <input type="checkbox"/>	R: <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/>

Cardiovascular System Examination

N A

Blood Pressure	130/78	mmHg	Heart Sounds
Pulse Rate / HR	80	/min	[+II+0]
	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular		

CT Scan
Echo cardiogr
Labs

Respiratory System Examination N A

Abdomen Examination N A

Respiratory rate 14 /min
 VBS +
 Additional sounds -

Liver Palpable Not palpable
 Spleen Palpable Not palpable
 Kidney Ballotable Not ballotable
 Bowel sounds +

Nervous System Examination N A

Cognitive Function	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Motor Power	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Sensation	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Gait	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Neurological deficit	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Absent
Reflexes	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Ear

Hearing	N	A
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

N = Normal A = Abnormal ND = Not Done

	N	A	
General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ear/Nose/Throat/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Central Nervous System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Respiratory System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Limbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Others

[Empty box for other findings]

Examined by

Signature

Name of MO DR. Aye Hsu Swe

Date 25/02/2025

	N	A	ND	Report
CXR Finding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No abnormality detected.
USG	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	N	A	ND	Finding
ECG(EKG) -Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
-Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
-Holter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If so specify

[Empty box for specifying findings]

N A ND

Report

If so specify...

Report area with two empty rows.

CT Scan

Echo cardiogram

If so specify...

Laboratory Finding

CP - Hb%

15.1 g/dl

Monocytes

MCV

78.2 fL

Lymphocytes

HCT

46.5 %

Basophils

Neutrophils

Platelets

282 10³ / uL

Eosinophils

Total WBC

7.69 10³ / uL

RBC

5.95 10⁶ / uL

Blood Film

Test	Result	Ref. Value
Lipid Profile		
Cholesterol (Total)	5.49	< 5.2
	212	< 200
HDL Cholesterol	1.31	>= 1.6
	51	>= 62
LDL Cholesterol (Direct)	3.32	< 3.3
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		4.0 - 7.8 (Non-Fasting)
SGOT (AST)	39	< 50 (Male)
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Urea	3.3	2.8 - 8.1
Creatinine	79	59 - 104 (Male)
eGFR (CKD-EPI)	115	>=60
(application to age >=18 yrs)		

Urine Examination

PHYSICAL & CHEMICAL EXAMINATION

Colour	Done	
Reaction		
Albumin		
Sugar		
Ketone Bodies		
Urobilinogen		
Bilirubin		
Blood		

An
Med
Phys
Chest
Labora
Audiom

Test	Result	Ref. Value
Specific gravity		
pH		
Nitrate		
Leucocytes		
MICROSCOPIC EXAMINATION		
RBC		
Pus cells		
Epithelial cells		
Crystals		
Casts		
Others		

Ref. Value

U ZAW SAI WIN

Age 44Years

Date 25/02/2025

Annual onshore check up
 Medical History - Unremarkable.
 Physical Examination - Unremarkable.
 Chest X-ray - No abnormal finding
 Laboratory findings - Within normal except dyslipidemia, raised liver enzymes.
 Audiometry - Normal findings

Comment

Suggestion: To avoid fatty meals.

Fit UnFit for the proposed post.
 Normal Abnormal

DR. Aye Hsu Swe

Name of Doctor



Signature

Dr. Aye Hsu Swe
SAMA - 30643

Stamp

Approved by

Name of Doctor

Signature

Stamp

The above recommendations are based solely on history you have provided, physical examination, imaging studies & laboratory tests at the time of screening. This general health screening might help you for your current health status and early detection of diseases, but cannot guarantee for your future health. Please consider our advice based on the findings of your results to achieve the best of your health.

Thank you for always choosing us, Asia Royal Hospital.