



PACKAGE 3 (\$300 nett)

- Complete Medical Examination
- Personal/ Family Medical History
- Height/ Weight/ Body Mass Index
- Blood Pressure and Heart Rate Assessment
- Vision Acuity & Color Vision
- 12 Lead Electrocardiogram
- Medical Report
- Medical Review by Doctor
- Blood test

1. **Hematology:** Full Blood Count, PBF, ESR
2. **Lipid/ Cardiac Risk Profile:** Total Cholesterol, Cholesterol HDL, Cholesterol LDL, Cholesterol Total/ HDL Ratio, Creatine Kinase (CK) and Triglycerides
3. **Diabetic Panel:** Glucose (Fasting) & HBA1C
4. **Kidney Function Test:** Urea, Creatinine, Sodium, Potassium, Chloride, Bicarbonate, eGFR
5. **Bone/ Joint Profile:** Uric Acid
6. **Liver function Test:** Total Bilirubin, Protein, ALT/SGPT, AST/SGOT, Alkaline Phosphatase, GGT
7. **Venereal Disease Screening:** VD Screen (Syphilis TP AB Screen), VDRL(RPR) & TPHA (if Syphilis TP Ab positive)
8. **Urine analysis (Urine FEME)**

- **Choose any 2 of the following tests:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Chest X-Ray | <input type="checkbox"/> HIV antibody | <input type="checkbox"/> Stool Occult Blood (Immunology) |
| <input type="checkbox"/> Helicobacter Pylori Antibody | | <input type="checkbox"/> AFP (Cancer Marker for Liver) |
| <input type="checkbox"/> CEA (Cancer Marker for Colon) | | <input type="checkbox"/> CA125 (Cancer Marker for Ovary) |
| <input type="checkbox"/> CA 15.3 (Cancer Marker for Breast) | | <input type="checkbox"/> CA 19.9 (Cancer Marker for Pancreas) |
| <input type="checkbox"/> Beta HCG (Cancer Marker for Germ cell tumor) | <input type="checkbox"/> PSA Total (Cancer Marker for Prostate) | |
| <input type="checkbox"/> EBV ECA + EBV EA + IgA (Cancer Marker for Nose) | | |

AND

- **Choose any 2 of the following tests:**

- | | | |
|---|---|---|
| <input type="checkbox"/> BMD Scan – Bone Mineral Densitometry Scan (AP Spine & Hip) | | |
| <input type="checkbox"/> BCA Scan – Body Composition Analysis Scan | <input type="checkbox"/> US Thyroid | <input type="checkbox"/> US Hepatobiliary |
| <input type="checkbox"/> US Kidney | <input type="checkbox"/> US Urinary Bladder | <input type="checkbox"/> US Breast |
| <input type="checkbox"/> US Prostate | | |
| <input type="checkbox"/> Total Vitamin D level | | |

OR

- **Choose any 1 of the following tests:**

- | | |
|--|--|
| <input type="checkbox"/> Treadmill Exercise Test | <input type="checkbox"/> US Abdomen |
| <input type="checkbox"/> 3D Mammogram (for woman 40 years old and above) | |
| <input type="checkbox"/> Thin Prep and HPV DNA | <input type="checkbox"/> Echocardiogram |
| <input type="checkbox"/> CT Cardiac Calcium Score | <input type="checkbox"/> Gastroclear (Stomach Cancer Marker) |