HEALTH CHECK-UP

A practical guide to the tests inside a 70-test package

RIGHT PERSON | RIGHT AGE | RIGHT TEST

“A good health check-up is not the one with the most tests. It is the one that changes prevention or treatment.”

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How to use this guide

The package screenshots list many individual parameters. Several belong to one clinical test: for example, Hb, RBC, WBC, platelets, MCV, MCH and MCHC are all components of a CBC. This guide covers every listed parameter, but interprets them as clinically meaningful groups.

CORE	High-value preventive assessment Commonly useful when age and risk are appropriate.
RISK-BASED	Do when history, symptoms, examination or another result supports it Not automatically an annual test.
NOT ROUTINE	Do not order simply because it is in a package May still be valuable for the right clinical indication.

Before choosing a package: 7 questions

Give these details to your doctor

- Age and sex at birth
- Symptoms now: chest pain, breathlessness, fatigue, weight loss, bleeding, bowel/urine change
- Height, weight and waist circumference
- Smoking, tobacco or areca-nut use
- Diabetes, BP, cholesterol, kidney/liver/thyroid disease
- Medicines, pregnancy status and past reports
- Family history: premature heart attack/stroke or selected cancers

Important: Screening is for people without symptoms. Symptoms require diagnostic evaluation, which may need tests outside this guide. An abnormal screening result is not a diagnosis; it needs clinical confirmation.

Age-wise preventive roadmap

This is a starting point for an average-risk adult. Earlier or more frequent testing may be needed with symptoms, abnormal results, pregnancy, obesity, tobacco, chronic disease or strong family history.

18-34 years

- BP, weight/BMI and waist during routine care
- Lipid profile at least once in adulthood; repeat based on result/risk
- Glucose/HbA1c earlier if overweight or other diabetes risk
- Dental/oral examination - especially with tobacco or areca nut
- Women: begin guideline-based cervical screening

35-44 years

- BP, BMI/waist, glucose or HbA1c and lipid assessment
- Women: mammography begins at 40 in several major guidelines; personalise
- Continue cervical screening
- Consider kidney/liver/thyroid tests only when risk or indication exists

45-49 years

- Continue cardiometabolic assessment
- Start colorectal-cancer screening at 45 for average risk
- Women: breast and cervical screening on schedule
- Do not substitute chest X-ray or abdominal ultrasound for proven cancer screening

50-64 years

- All of the above
- Eligible smokers/former smokers: annual low-dose CT, not chest X-ray
- Men: informed PSA discussion based on age and risk
- Review vaccines, medicines, vision, hearing and fracture risk

65+ years

- BP, diabetes and lipid care according to health status
- Women: DEXA for osteoporosis; earlier if postmenopausal and high risk
- Cancer screening depends on prior screening, fitness and life expectancy
- Avoid broad testing that will not change management

Blood count, sugar and cholesterol

Hemoglobin (Hb), PCV, RBC count	Detects/characterises anemia or excess red cells.	Fatigue, pallor, bleeding, heavy periods, pregnancy, nutritional/chronic disease, pre-op.	RISK-BASED
MCV, MCH, MCHC	Red-cell size and hemoglobin content; helps classify iron deficiency vs macrocytosis.	Interpret with Hb; may guide ferritin, B12 or folate testing.	RISK-BASED
Total WBC + differential	May support infection, inflammation or hematologic evaluation.	Fever/infection symptoms, medication monitoring, abnormal examination.	RISK-BASED
Platelet count	Assesses clotting-cell number.	Bleeding/bruising, liver disease, drugs, pre-op or abnormal CBC.	RISK-BASED
ESR	Nonspecific inflammation marker; does not identify the cause.	Selected inflammatory/infectious conditions and follow-up. Not a cancer screen.	NOT ROUTINE
Fasting/random/PP glucose	Current blood glucose; PP reflects after-meal response.	From mid-adulthood or earlier with overweight, family history, PCOS, gestational diabetes or symptoms.	CORE
HbA1c	Approximate average glycemia over 2-3 months.	Diabetes/prediabetes screening and monitoring; affected by some anemias/hemoglobin disorders.	CORE
Total cholesterol, LDL/direct LDL, HDL, triglycerides, VLDL, TC/HDL ratio	Estimates atherosclerotic cardiovascular risk; triglycerides also reflect metabolic risk.	Adults: baseline assessment, then interval based on risk and treatment.	CORE
Lipoprotein(a)	Inherited risk enhancer for heart attack/aortic stenosis.	Measure at least once in adulthood; especially premature CVD or family history. Usually not repeated.	CORE
Apolipoprotein B	Counts atherogenic particles; can clarify risk when LDL is misleading.	Selected patients: high TG, diabetes/metabolic syndrome, known CVD or discordant results.	RISK-BASED
Apolipoprotein A1	Major HDL protein; rarely changes routine prevention beyond standard risk assessment.	Selected specialist use; not an annual universal screen.	NOT ROUTINE

Liver, kidney, urine, electrolytes and thyroid

AST/SGOT, ALT/SGPT	Signals liver-cell injury; AST may also rise from muscle.	Obesity, diabetes, alcohol, hepatitis risk, hepatotoxic drugs or symptoms.	RISK-BASED
ALP, GGT	Helps assess bile-duct/cholestatic pattern; ALP may also be bone-derived.	Jaundice, abnormal LFT, biliary/bone suspicion, alcohol/medication context.	RISK-BASED
Bilirubin: total/direct/indirect	Helps evaluate jaundice, hemolysis and liver/biliary disorders.	Jaundice, dark urine, anemia/hemolysis or abnormal liver tests.	RISK-BASED
Total protein, albumin, globulin	Nutrition/inflammation and aspects of liver/kidney status; albumin is not a stand-alone “liver function” test.	Liver/kidney disease, edema, weight loss, chronic illness.	RISK-BASED
HBsAg and anti-HCV	Screens for hepatitis B surface antigen and hepatitis C exposure.	Offer based on population prevalence and risk; ensure linkage to confirmation/care.	RISK-BASED
Urea, creatinine and eGFR	Kidney filtration; eGFR should be interpreted with creatinine, age and context.	Diabetes, hypertension, CVD, older age, kidney risk or nephrotoxic drugs.	RISK-BASED
Urine routine analysis	Blood, protein, glucose, cells and other clues; false positives occur.	Urinary symptoms, pregnancy/renal/metabolic indication; not a universal annual cancer screen.	RISK-BASED
Urine albumin / microalbumin	Early kidney damage marker. Prefer albumin-creatinine ratio.	Diabetes, hypertension, CKD or high kidney risk.	RISK-BASED
Urine culture & sensitivity	Identifies bacteria and antibiotic susceptibility.	UTI symptoms, selected pregnancy/uro-procedure contexts; not routine in asymptomatic adults.	NOT ROUTINE
Uric acid	Supports gout/stone/metabolic assessment; a high value alone does not equal gout.	Gout, stones, CKD, selected drugs or clinical context.	RISK-BASED
Sodium, potassium, chloride, CO2/bicarbonate	Fluid, electrolyte and acid-base status.	Kidney/heart disease, vomiting/diarrhea, diuretics or other relevant drugs.	RISK-BASED
TSH	Best initial thyroid test in most situations.	Thyroid symptoms/swelling, pregnancy indications, AF, relevant drugs or known disease.	RISK-BASED
Free T4 / Free T3	Clarifies thyroid function after abnormal TSH or specific suspicion; FT3 is mainly useful in hyperthyroidism.	Order as a reflex/targeted test, not a yearly full panel for everyone.	NOT ROUTINE

Heart tests: prevention is not the same as testing

For an asymptomatic low-risk person, cardiovascular prevention begins with BP, tobacco status, glucose, lipids, weight, activity and overall risk - not a blanket annual ECG + Echo + TMT panel.

Blood pressure	Detects hypertension, a major stroke/heart/kidney risk.	All adults. Roughly yearly from 40 or if high risk; every 3-5 years may be reasonable at 18-39 when normal and low risk.	CORE
ECG	Electrical rhythm/conduction and selected ischemic clues.	Palpitations, syncope, chest pain, abnormal pulse, known disease or selected pre-op contexts.	RISK-BASED
2D Echo	Heart structure, valves, pumping function and pressures.	Murmur, heart-failure symptoms, abnormal examination/ECG or known structural disease.	NOT ROUTINE
TMT / exercise stress test	Looks for exercise-induced ischemia/arrhythmia in an appropriate pre-test setting.	Selected symptoms or risk evaluation after clinician assessment; false positives occur in low-risk adults.	NOT ROUTINE
High-sensitivity troponin I	Marker of myocardial injury, mainly for acute clinical assessment.	Acute chest pain/possible myocardial injury under medical supervision.	NOT ROUTINE
hs-CRP	Nonspecific inflammation marker that may refine borderline CV risk.	Selected risk discussions; avoid during acute infection/inflammation.	RISK-BASED
Homocysteine	May rise with vitamin/renal/genetic factors; routine testing rarely improves prevention decisions.	Selected specialist indications.	NOT ROUTINE
Plasma fibrinogen	Clotting/inflammation protein; not a standard general heart screen.	Selected bleeding/thrombotic/inflammatory evaluation.	NOT ROUTINE

Red-flag symptoms: new chest pressure, severe breathlessness, fainting, sweating with pain or sudden neurological deficit require urgent medical assessment - do not wait for a package appointment.

Bones, vitamins, lungs, hearing and function

Calcium	Blood calcium regulation; it does not measure bone density.	Symptoms or suspected parathyroid, kidney, malignancy, vitamin D or medication-related problems.	RISK-BASED
Phosphorus	Works with calcium; relevant to kidney, bone and endocrine assessment.	Targeted metabolic, renal or bone evaluation.	RISK-BASED
Vitamin D	Supports bone/mineral evaluation; low levels are common, but universal screening benefit is uncertain.	Bone disease, malabsorption, fragility, relevant drugs or clinician-assessed risk.	RISK-BASED
Vitamin B12	Deficiency can cause anemia and neuropathy.	Vegan/vegetarian risk, macrocytosis, neuropathy, malabsorption, gastric surgery, metformin/PPI context.	RISK-BASED
DEXA hip & spine	Measures bone mineral density and fracture risk.	Women 65+; younger postmenopausal women if increased risk; selected men/secondary causes.	RISK-BASED
FSB: flexibility, strength, balance	Functional assessment; may identify fall or mobility risk.	Older adults, falls, deconditioning, rehab or fitness planning.	RISK-BASED
Pulmonary function test	Measures airflow/volumes; helps assess asthma/COPD and other lung disease.	Chronic cough, wheeze, breathlessness, smoking/occupational exposure or selected pre-op.	RISK-BASED
Pure-tone audiometry	Measures hearing thresholds.	Hearing complaint, occupational noise, ototoxic treatment or age-related concern.	RISK-BASED
Eye examination	Vision plus selected retinal, lens and glaucoma assessment.	Visual symptoms; diabetes; refractive/glaucoma/age risk.	RISK-BASED
Dental/oral examination	Finds dental disease and visible oral lesions.	Periodic care; earlier/frequent with tobacco/areca nut, ulcer, patch, pain or reduced mouth opening.	CORE
Blood group & Rh typing	Identifies ABO/Rh type for transfusion/pregnancy contexts.	Usually once when clinically needed; repeat confirmation follows institutional safety rules.	NOT ROUTINE

Gut, imaging and mental-health screens

Stool routine / microscopy	Looks for infection, parasites, blood/cells depending on method.	Diarrhea, travel/exposure or GI symptoms; not a routine cancer screen.	NOT ROUTINE
Stool occult blood / FIT	Detects microscopic blood; FIT can be an evidence-based colorectal screening option.	Average-risk colorectal screening from 45 on an approved schedule; positive result requires colonoscopy.	CORE
Chest X-ray	Assesses selected lung/chest abnormalities but has limited screening sensitivity.	Respiratory symptoms, clinical indication or selected pre-op/occupational context. Not lung-cancer screening.	NOT ROUTINE
Whole-abdomen ultrasound	Assesses organs such as liver, gallbladder, kidneys, spleen and pelvis; incidental findings are common.	Abdominal symptoms, abnormal examination/labs or disease-specific surveillance.	NOT ROUTINE
PHQ-9	Screens for depressive symptoms; not a stand-alone diagnosis.	When follow-up diagnosis and treatment support are available; anytime symptoms suggest depression.	RISK-BASED
GAD-7	Screens for anxiety severity; not a stand-alone diagnosis.	When anxiety symptoms affect sleep, function or wellbeing; needs clinical review.	RISK-BASED
Sleep assessment	Identifies insomnia, sleep apnea risk and sleep-health problems.	Snoring/apneas, daytime sleepiness, insomnia, obesity or resistant BP.	RISK-BASED
Cognitive screen / DBFS	Briefly flags possible cognitive concern; scores need context.	Memory/function concern, informant concern or older-age clinical assessment.	RISK-BASED

A test can be technically normal and still be the wrong test for the clinical question. Likewise, a screening questionnaire can identify risk but cannot replace a diagnostic consultation.

Cancer screening: use the proven test

A “full-body package” does not screen for every cancer. Screening choices depend on age, anatomy, tobacco exposure, family history and prior results.

Cervical smear / HPV-based test	Detects cervical precancer risk or cell changes.	Women/people with a cervix: follow local age-based HPV/cytology pathway; earlier follow-up if prior abnormality.	CORE
Mammography	Detects breast cancer before symptoms; ultrasound is an adjunct, not an equivalent replacement.	Average risk: begin regular screening around age 40 per major guidelines/local programme; earlier MRI-based pathways for high risk.	CORE
Breast ultrasound	Characterises lumps/cysts and complements mammography in selected cases.	Breast symptom, dense breast or radiologist/clinician indication.	RISK-BASED
PSA total	May help detect prostate cancer but can cause false alarms and overdiagnosis.	Men: shared decision based on age, family history, ancestry, health and preferences; not automatic annual testing for all.	RISK-BASED
FIT / colonoscopy pathway	Proven colorectal screening options; intervals differ by test.	Average risk age 45-75; earlier with strong family/genetic history or symptoms.	CORE
Low-dose CT (not in package)	Only proven lung-cancer screening test for eligible high-risk smokers/former smokers.	Common USPSTF criterion: age 50-80, at least 20 pack-years, current smoker or quit within 15 years.	CORE
Oral examination	Looks for persistent ulcer, red/white patch, induration, neck node or reduced mouth opening.	Any persistent lesion >2 weeks; regular examination is especially important with tobacco/areca nut/alcohol exposure.	CORE

Symptoms override screening schedules: a breast lump, bleeding, unexplained weight loss, persistent change in bowel habit, blood in urine/stool, persistent cough/hoarseness, non-healing oral ulcer or neck lump requires prompt diagnostic evaluation.

Your simple checklist

DO / SCREEN NOW	BP + BMI/waist; glucose/HbA1c and lipids when age/risk appropriate; one-time adult Lp(a); proven cancer screening by age/sex/risk; oral/dental examination.
CONSIDER IF INDICATED	CBC, kidney/eGFR, urine albumin, LFT, TSH, B12, vitamin D, DEXA, ECG, PFT, hearing/eye assessment, hepatitis tests, ApoB and hs-CRP.
NOT AS A BLANKET ANNUAL PACKAGE	TMT, 2D Echo, troponin, homocysteine, fibrinogen, full FT3/FT4/TSH panel, chest X-ray, whole-abdomen ultrasound, stool routine and urine culture in a healthy asymptomatic low-risk adult.

“Health check-up means choosing the right 7 tests for you - not automatically ordering 70 tests.”

Medical note

This guide is for education and does not replace a medical consultation. Recommendations differ by country, pregnancy status, symptoms, prior results, comorbidities, medications, family history and life expectancy. Screening guidelines evolve. Discuss final decisions with a qualified clinician.

Selected evidence sources (accessed 22 September 2026)

• US Preventive Services Task Force. A & B Recommendations: uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
• USPSTF. Hypertension in Adults: Screening: uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening
• USPSTF. Colorectal Cancer Screening: uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
• American College of Cardiology. 2026 Dyslipidemia Guideline practice update: acc.org/Latest-in-Cardiology/Articles/2026/07/01/01/Prioritizing-Health
• World Health Organization. Hepatitis B guidance and fact sheet: who.int/news-room/fact-sheets/detail/hepatitis-b

• Package test names were transcribed from the Apollo health-check screenshots supplied by the user. This document is an independent educational interpretation and is not affiliated with or endorsed by Apollo Hospitals.

For a personalised checklist, share: age | sex | height/weight/waist | tobacco | diabetes/BP/cholesterol | family history.