LIC
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code:	
Proposal/ Policy No:	900101
MSP name/code :	
Date& Time of Examination:	16/10/2024
Medical Diary No & Page No:	

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: UID ID Proof No. 9808
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1	Full name of the life to be assured: RAJ KUMAR AMAR		
2	Date of Birth: 19/06/1967	Age: 57 Yrs	Gender: MALE
3	Height (In cms): 153	Weight (in kgs) : 66.5	
4	Required only in case of Physical MER		
	Pulse : 74/M	Blood Pressure (2 readings): 1. Systolic 130 Diastolic 88 2. Systolic 128 Diastolic 86	

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any ***treatment/ medication*** including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any ***surgery / hospitalized*** for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c)) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or ***diagnostic tests***? Please specify date , reason ,advised by whom &findings.	NO
7	Suffering or ever suffered from ***Novel Coronavirus (Covid-19)*** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	NO

Medsave Health Insurance TPA Ltd

8	a. Suffering from ***Hypertension*** (high blood pressure) or ***diabetes*** or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other ***endocrine disorders*** such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, ***heartattack***, palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from ***high cholesterol*** ? c. Whetheron medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No
10	Suffering or ever suffered from any disease related to ***kidney*** such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any ***Liver disorders*** like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any ***lung related*** or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any ***Blood disorder*** like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of ***cancer***, leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, ***nervous disorder***, multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any ***physical impairment/*** disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or ***disorder of the Stomach*** / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / ***psychiatric disorder***? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	No
18	Is there any ***abnormality*** of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for ***HIV /AIDS/Sexually transmitted diseases*** (e.g. syphilis, gonorrhea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as ***smoking/ tobacco chewing/ consumption of alcohol/drugs*** etc) which is relevant in assessment of medical risk of examinee.	No

For Female Proponents only		
i.	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	N.A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES

Declaration

You Mr/Ms Rajkumar Ansar declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

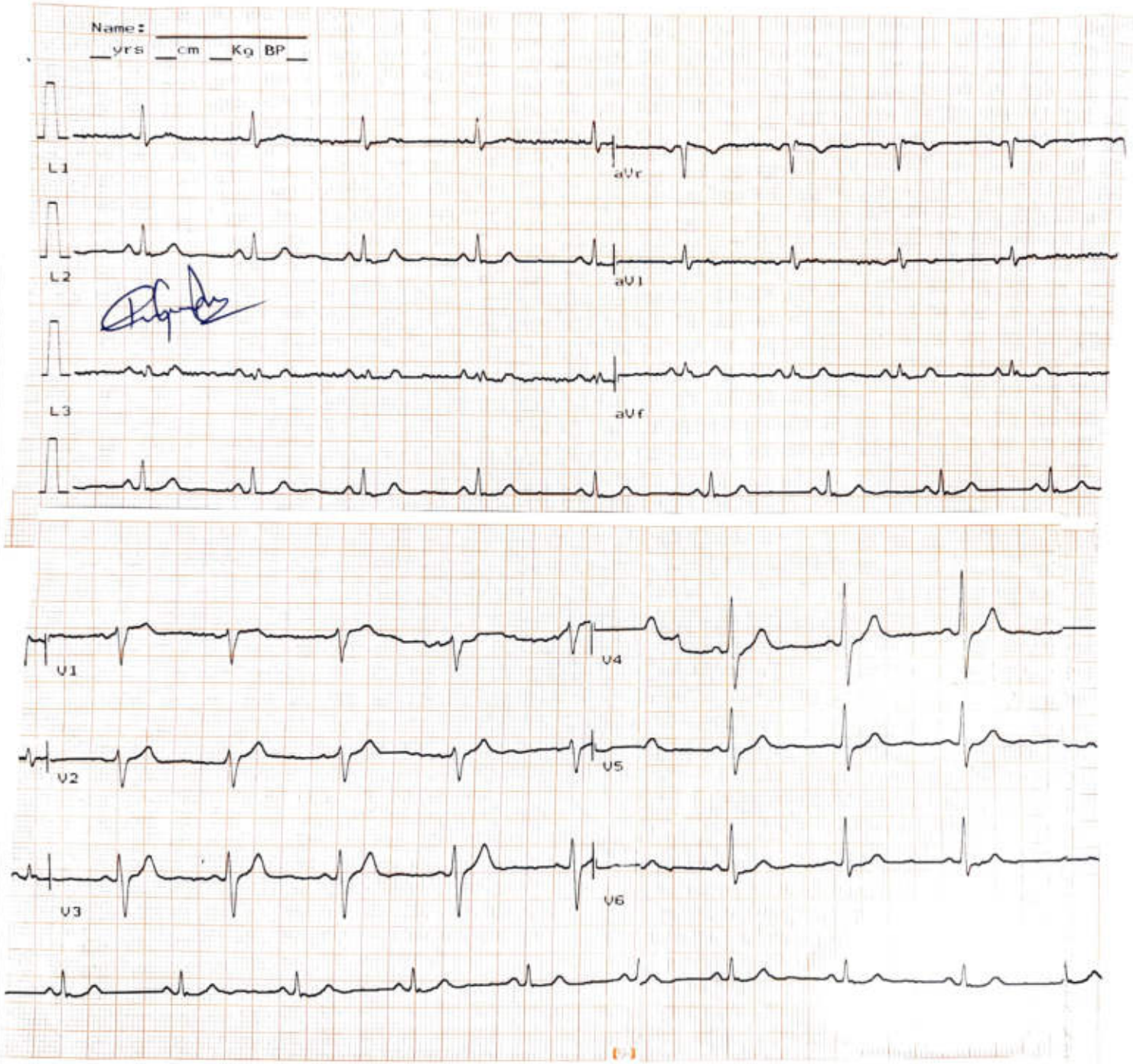
Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 16 day of Oct 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Dr. BINDU
MBBS, MD
Reg. No.-33435

Place: DELHI
Date: 16/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:



Dr. BINDU
MBBS, MD
Reg. No.-33435

Date: 16/10/2024

To,
LIC of India
Branch Office

Proposal No. 900101

Name of the Life to be assured MR RAJ KUMAR AMAR

The Life to be assured was identified on the basis of _____

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. BINDU
MBBS, MD
Reg. No.-33435

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	YES	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT	YES	FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	YES
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO.	:	900101	
S. NO.	:	109180	
NAME	:	**MR. RAJ KUMAR AMAR**	**AGE/SEX - 57/M**
REF. BY	:	LIC	
Date	:	OCTOBER,16,2024	

HAEMATOLOGY

Test	Result	Units	Normal Range
Hemoglobin	14.42	gm/dl	12-18

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	95.51	mg/dl	70-115
Total Lipids	569.5	mg/dl	400-700
S.Triglycerides	152.30	mg/dl	30-150
S. Cholesterol	198.60	mg/dl	130-250
H.D.L. Cholesterol	47.00	mg/dl	35-90
L.D.L. Cholesterol	121.20	mg/dl	0-150
V.L.D.L. Cholesterol	30.40	mg/dl	0-50

*********End of The Report**********

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.

ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO.	:	900101
S. NO.	:	109180
NAME	:	**MR. RAJ KUMAR AMAR** **AGE/SEX - 57/M**
REF. BY	:	LIC
Date	:	OCTOBER,16,2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity	:	20.ml
Colour	:	P.Yellow
Transparency	:	CLEAR
Sp Gravity	:	1.014

CHEMICAL EXAMINATION

Reaction	:	Acidic.
Albumin	:	Nil.
Reducing Sugar	:	Nil.

MICROSCOPIC EXAMINATION

Pus Cells/WBCs	:	1-2. /HPF.
RBCs	:	Nil. /HPF.
Epithelial Cells	:	2-3. /HPF.
Casts	:	Nil.
Crystals	:	Nil.
Bacteria	:	Nil.
Others	:	NIL.

**********End of The Report**********

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD.NO. 19702
Consultant Pathologist

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 900101

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: MR. RAJ KUMAR AMAR

Age/Sex : 57/M

Instructions to the Cardiologist:

i. Please satisfy yourself about the identity of the examiners to guard against impersonation

ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.

iii. The base line must be steady. The tracing must be pasted on a folder.

iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y / N.

ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N.

iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N.

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dr. BINDU
MBBS, MD
Reg. No.-33435

Dated at DELHI on the day of 16/10/2024

Signature of the Cardiologist
Name & Address
Qualification Code No.

Signature of L.A.

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
153	66.5	130/88	74/M

(B) Cardiovascular System

..... (N) .....

.....

Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Imv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	74/M	T –wave	N
Ventricular Rate	74/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	NR		

Conclusion: ECG-WNL

Dated at DELHI on the day of 16/10/ 2024

Dr. BINDU
MBBS, MD
Reg. No.-33435

Signature of the Cardiologist
Name & Address
Qualification
Code No.

भारत सरकार
Government of India

राज कुमार अमर
Raj Kumar Amar
जन्म तिथि/DOB: 19/06/1967
पुरुष/ MALE

7633 7150 9808
VID : 9162 8547 3811 1807

मेरा आधार, मेरी पहचान


ELITE
DIAGNOSTIC
GPS Map Camera
Delhi, Delhi, India
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, Delhi, 110005, India
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