

❖ This medical fitness is only on the basis of clinical examination. No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name Charanjot Singh Age & Sex 45y/M Date of MER 02/03/24
 Identification Mark Nil ID Proof VIN Card
 Ht. 163 Wt. 76 Chest Exp/Insp 101/106 Abd 98 PR 62 BP 110/70 BMI →

Any Operation No

Any Medicine Taken No

Any Accident No

Alcohol/Tabacco/Drugs/Smoking → since 2000
 Consumption Occasionally Duration 1999
 Qty 90 ml / 2 cigarettes / day

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	No	
Hypertension	No	
Renal Complications	No	
Heart Disease	No	
Cancer	No	
Any Other	No	

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		✓	
Lungs or other parts of respiratory system		✓	
GI Tract		✓	
Ears, Eyes, Nose, Throat, Neck		✓	
Cardiovascular System		✓	

Signature of client [Signature] 21/3/24

Signature of Doctor Dr. R.S. Maheshwari
 Seal of Centre MBBS, MD (Paed) PCMS (Ex) MIAAP
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No 34970

Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on _____ to complete the requisite medical formalities towards my application for life insurance from BOB vide Proposal Form bearing no _____ dated 02/03/24

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others <u>CXR, USG, Eyes Check up</u> | | |

I have furnished my ID Proof VID Card bearing ID No. _____ at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital Good Average Poor

Technician/ Doctors Good Average Poor

- Time Management Good Average Poor

- Upkeep of hospital Good Average Poor

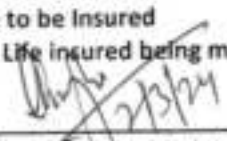
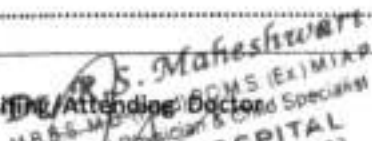
- Technology & Skills Good Average Poor

- Please remark if the medical check

procedure was satisfactory Yes No

(Medical Facility- Location; Facility Set-up, Instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

Signature of the Life to be Insured (Proposer in case of Life insured being minor) 	Signature of Visiting/Attending Doctor  M.B.B.S. M.D. D.C.S. (Ex) M.I.A.P. Consultant Physician & Card Specialist Name of Visiting/Attending Doctor DR. S. MAHESHWARI Registration No. 141003
Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <u>Chavanjeet Singh</u> <u>02/03/24</u>	MC Registration No: <u>34970</u> Doctor Stamp with date <u>02/03/2024</u>

Self Declaration & Special COVID-19 Consent

Date 02/03/2024

Day:

Time:

Patient's Name/Client Name Charanjeet Singh

Age: 45y.

Sex: m

Case No/Proposal no:

Address:

Profession:

1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No

2) Have you travelled outside India and came back during pandemic of COVID-19 or Have you come from other country during pandemic of COVID-19? Yes/No

3) Have you travelled anywhere in India in last 60 days? Yes/No

4) Any Personal or Family History of Positive COVID-19 or Quarantine? Yes/No

5) Any history of known case of Positive COVID-19 or Quarantine patient in your Neighbors/Apartment/Society area Yes/No

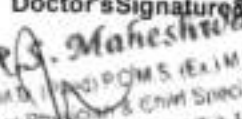
6) Are you suffering from any following diseases? Diabetes/Hypertension/Lung Disease/Heart Disease Yes/No

7) Are you healthcare worker or interacted/lived with Positive COVID-19 patients? Yes/No

During the Lockdown period and with current situation of Pandemic of COVID-19, I came to this hospital/home visit by this hospital at my home for medical checkup. e.g. MER, Blood Sample, Urine sample and ECG. I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. For that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Patient's Signature with Name 

Doctor's Signature & Name

MBBS MD (DIPLOMA) (EX-1M)
Consultant Physician & Chief Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34979



Signature
 22/5/24

Dr. R.S. Maheshwari
 MBBS, MD (P), PCMS, FRCR (P)
 Consultant Physician & Public Specialist
LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No 34970

- The New India Assurance Co. Ltd.
- United India Insurance Co. Ltd.
- LIC Of India
- SBI Life Insurance Co. Ltd.
- Max Bupa Health Insurance Co.
- HDFC Ergo General Insurance Co.
- Aegon Life Insurance Co. Ltd.
- Birla Sun Life Insurance Co. Ltd.
- MET Life Insurance Co. Ltd.
- TILF Pramerica Life Insurance Co.
- Shanti Aza General Insurance Co.
- Bajaj Allianz Life Insurance Co.
- Bajaj Allianz General Insurance Co.
- Kotak Life Insurance Co. Ltd.
- HDFC Standard Life Insurance Co.
- IBSI Federal Life Insurance Co.
- Royal Sundaram General Insurance Co.
- Canara HSBC Life Insurance Co.

• Aviva Life Insurance Co. Ltd.

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Dr. R.S. Maheshwari
 MBBS, MD (Peds) PCMS (Ex-IMIAP)
 Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No. 34870



Ludhiana, Punjab, India
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India
 Lat 30.883819°
 Long 75.858118°
 02/03/24 09:18 AM GMT +05:30





NAME: CHARANJEET SINGH

AGE/SEX: 45Y/M

HEIGHT: 163 cms

WEIGHT: 76 kgs

B.P: 110/70mmHg

PULSE: 62BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- ENT - N.A.D.
- Skin Examination - N.A.D.
- Hearing Examination - N.A.D.
- Dental Examination - Good Oral Hygiene.

Dr. R.S. Maheshwari
MBBS, MD (Gen), PCMS (F), M.I.A.P.
Consultant Physician & Emer. Surgeon
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34576

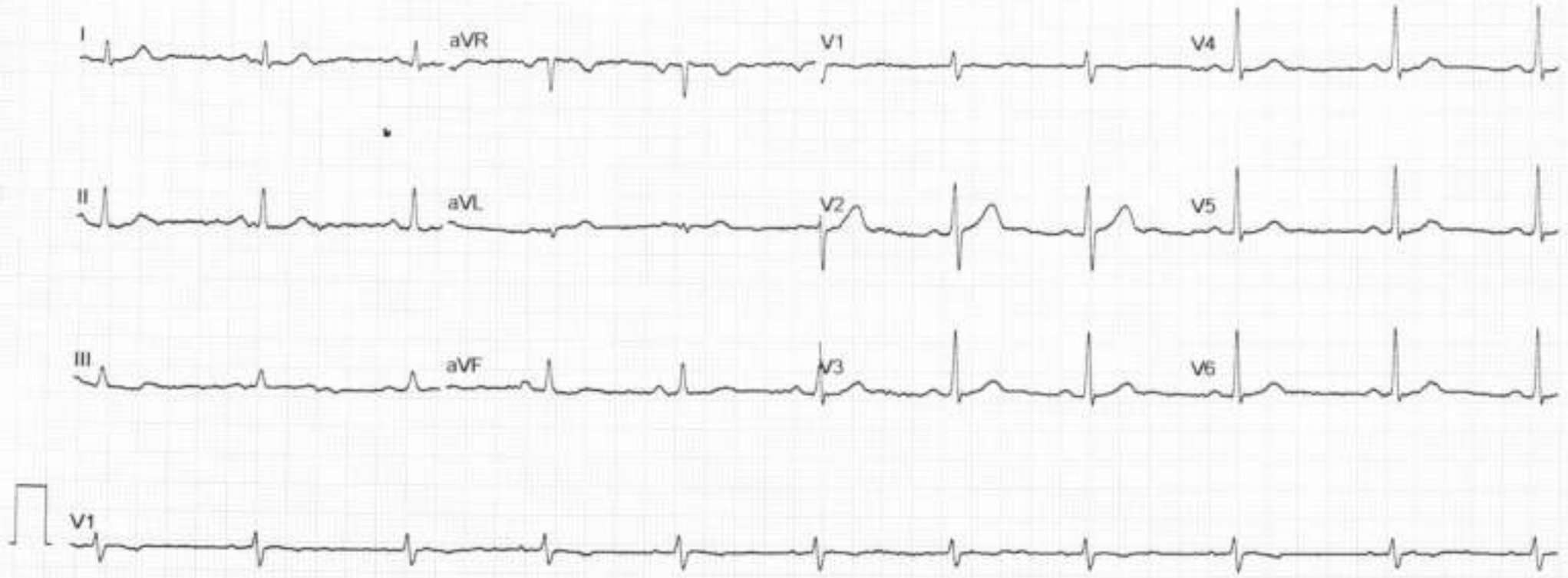
QRS 86 ms
QT / QTcBaz 408 / 414 ms
PR 154 ms
P 102 ms
RR / PP 968 / 967 ms
P / QRS / T 58 / 61 / 25 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Signature
27/3/24

Signature
VISITING CONSULTANT
DR. RENU LATA GUPTA
MBBS, MD (MEDICINE)
CHEST & HEART SPECIALIST
REGD. No. 42060



Lifeline Hospital

Multi Speciality & Super Speciality Hospital NABH Accredited



NAME Charanjot Singh

EMP.CODE _____

AGE / SEX 45y/M

DATE 2/3/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	Plain			6/6	Plain			6/6
FOR NEAR ADD	_____			_____	_____			_____

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____





Lab ID. :	07	Date :	02/03/2024
Name :	CHARANJEET SINGH	Age/Sex :	45 Years/Male
Ref By :	BANK OF BARODA	Mac. No. :	145

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	6.33	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	28.4	%	20.0 - 50.0	
Mixed%	5.2	%	3.0 - 10.0	
Neutrophils%	66.4	%	50.0 - 70.0	
Lymphocytes#	1.80	10 ³ /uL	0.6 - 4.1	
Mixed#	0.33	10 ³ /uL	0.1 - 1.8	
Neutrophils#	4.20	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	14.9	g/dl	12.0 - 17.0	<p>RBC</p>
R.B.C Count	4.91	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	41.3	%	36.0 - 47.0	
MCV	84.1	fl	80.0 - 99.0	
MCH	30.4	pg	27.0 - 32.0	
MCHC	36.1 H	g/dl	32.0 - 36.0	
RDW-SD	47.1	fl	35.0 - 56.0	
RDW-CV	14.9 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	166	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	10.6 H	fl	7.4 - 10.4	
PDW	19.8 H	fl	10.0 - 17.0	
PDW-CV	18.3 H	%	10.0 - 17.0	
PCT	0.176	%	0.108 - 0.280	
P-LCR	36.2	%	13.0 - 43.0	
P-LCC	60.0	10 ³ /uL	30 - 90	
ESR	06	mm 1st hr	0 - 20	
Blood Group	"O" POSITIVE			

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Ph. No. 40195



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	113mg/dl
PPBS	70-140mg/dl	157mg/dl
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	1.03mg/dl
URIC ACID	3.0-7.2mg/dl	7.13mg/dl
CALCIUM	8.5-10.4mg/dl	9.1mg/dl
CHOLESTEROL	140-200mg/dl	199mg/dl
TRIGLYCRIDE	60-160mg/dl	140mg/dl
CHOLESTEROL HDL	35-60 mg/dl	43mg/dl
CHOLESTEROL LDL	60-150 mg/dl	128mg/dl
VLDL	20-40 mg/dl	28mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	4.6:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.9mg/dl

Recommendation:-

1. This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT-PATHOLOGIST
No. 40195



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.73mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.52mg/dl
S.G.O.T.	5-50Units/L	25Units/L
S.G.P.T.	5-50 Units/L	30Units/L
GAMMA GT	9-52 Units/L	20Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	104Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1gm/dl

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No. 40155



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

<u>TEST NAME</u>	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	0.32	ng/ml

Technology : C.L.I.A

REFERENCE RANGE:

NORMAL: 0 to 4 ng/ml

Border Line: 4.01 to 10.00 ng/ml

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M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.20ng/ml	0.70-2.04ng/ml
T4	5.38ug/dl	4.6-10.5ug/dl
TSH	1.223 μ IU/ml	0.40-4.20 μ IU/ml

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

(HbA1C)

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.5	%

Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 6.0
At risk	≥ 6.0 to ≤ 6.5
Diagnosing diabetes	≥ 6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : < 7.0 Action suggested : > 8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of < 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl }
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40196



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*Recommendation:-

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3. Test to be clinically correlated.
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5. False negative or false positive results may occur in some cases

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : CHARANJEET SINGH
AGE/SEX : 45Y/M
REF BY : BANK OF BARODA
DATE : 02.03.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.025
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	0-1/hpf
PUS CELLS	1-2/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSIL TANT PATHOL QASR
1-0 10 11-5



Name : CHARANJEET SINGH
Age/Sex : 45YRS/M
Date : 2/3/2024

X-ray Chest PA View

The cardiac size and shape is **normal**

Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.

Dr. R.S. Maheshwari
D.R.S. MAHESHWARI
M.B.B.S. M.D.
Reg No. 34970



Patient's Name: CHARANJEET SINGH

DATE : 02/03/2024

Age/Sex : 45Yrs/M

Ref BY:-

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic biliary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder is distended. Walls are normal. Lumen shows normal echo.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in lesser sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : Right kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

URETERS : both ureters are normal.

URINARY BLADDER : UB is seen in filled stage.

PROSTATE : Prostate is normal in size. No focal lesion seen.

IMPRESSION: NORMAL U.S.G.

Dr. R. S. Maheshwari
M.B.B.S., M.D (Paed)
SONOLOGIST

LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003

DR. R. S. MAHESHWARI (ULTRASONOLOGIST) This is only professional opinion and the diagnosis. It should be correlated clinically & with either investigation to come to final diagnosis.



B
 D- Prq 4.0 MHz
 Gb 64
 S/A 1/1
 Map C:000
 D 16.0 cm
 DR 72
 FR 18 Hz
 AO 100 %
 XBeam On

5-
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 10 I
 15-

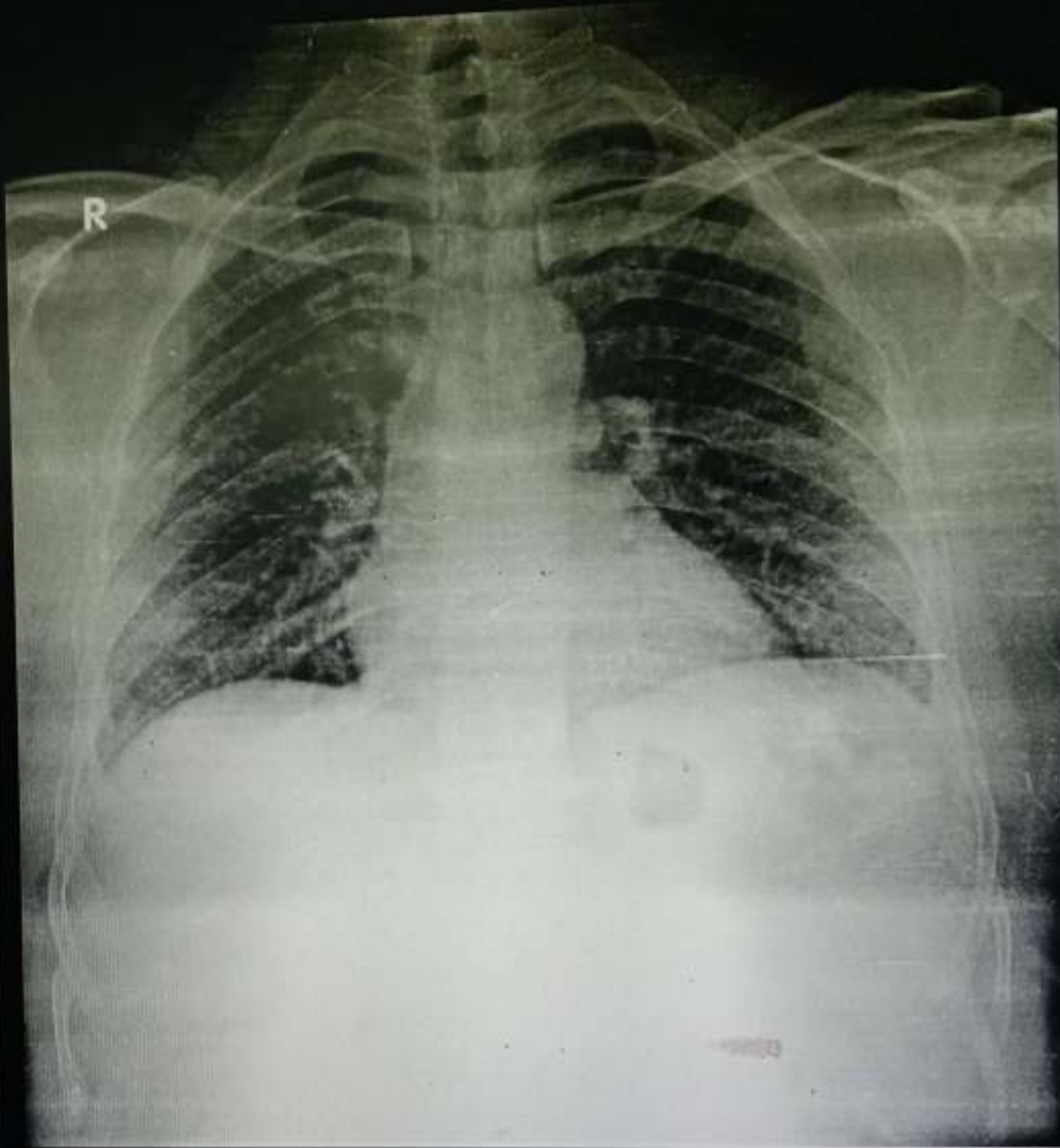


B
 D- Prq 4.0 MHz
 Gb 64
 S/A 1/1
 Map C:000
 D 16.0 cm
 DR 72
 FR 18 Hz
 AO 100 %
 XBeam On

5-
 I
 10 I
 15-

I L 5.09 cm
 L 9.73 cm





CHARANJEET SINGH 45 4236 M CHEST,FRN P->A 02-03-2024 09:41 AM
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA