

KAMALJEET KAUR 48 3279 F CHEST,FRN P->A 23-12-2023 09:44 AM  
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA

❖ 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: Kamaljeet Kaur Age & Sex: 48y/F Date of MER: 23/12/23

Identification Mark: Scar on nose ID Proof: PAN Card

Ht: 162 Wt: 73 Chest Exp/Insp: 94/97 Abd: SS PR: 63/min BP: 120/60 BMI: 27

Any Operation

No Left breast abscess 2 times I & O done in 2000 and 2002 air force station, Malwa

Any Medicine Taken

No MH Shiragan

Any Accident

No

Alcohol/Tabacco/Drugs No

Consumption.....Duration.....

Qty.....

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

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

Examination of systems

SYSTEMS( any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<input checked="" type="checkbox"/>	
Lungs or other parts of respiratory system		<input checked="" type="checkbox"/>	
GI Tract		<input checked="" type="checkbox"/>	
Ears, Eyes, Nose, Throat, Neck		<input checked="" type="checkbox"/>	
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client: Kamaljeet Kaur

Signature of Doctor: R. S. Madheshwari

Seal of Centre: MBBS, MD, Paed, P.C.M.S (Ex) M.I.A.P. Consultant Physician & Child Specialist  
**LIFE LINE HOSPITAL**  
 GILL ROAD, LUDHIANA - 141007  
 Registration No. 22870

## 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 Mediwell vide Proposal Form bearing no \_\_\_\_\_ dated 23/12/22

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

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

I have furnished my ID Proof PAN bearing ID No. DXAPK4734D at the time of my medical.

### Feedback Form

- Behavior and cooperation of staff
 

Reception/ Clinic/ Hospital	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management
 

	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Upkeep of hospital
 

	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Technology & Skills
 

	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	---------------------------------	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory
 

	✓ Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(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) <u>Kamaljeet Kaur</u> <hr/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>Kamaljeet Kaur</u>	Dr. R.S. Maheshwari Signature of Visiting/Attending Doctor MBBS Consultant Physician & Endocrinologist LIFE LINE HOSPITAL GILL Name of Visiting/Attending Doctor Registration No. _____ <hr/> MC Registration No: <u>34970</u> <hr/> Doctor Stamp with date <u>23/12/22</u>
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**Self Declaration & Special COVID-19 Consent**

Date: 23/12/23

Day:

Time:

Patient's Name/Client Name: Kamaljeet Kaur

Age: 48y

Sex: F

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.

*Kamaljeet Kaur*  
Patient's Signature with Name

*Dr. R.S. Maheshwari*  
Doctor's Signature & Name  
MBBS M.D (Paed) P.D  
Consultant Physician & Clinician  
LIFE LINE HOSPITAL  
GILL ROAD, LUDHIANA-141  
Registration No. 14577



*Dr. R.S. Maheshwari*  
MBBS MD (Ped) MCh (Ex) MIAF  
Consultant Physician & Child Specialist  
**LIFE LINE HOSPITAL**  
GILL ROAD, LUDHIANA-141003  
Registration No. 12345

*Kamaljeet Kaur*



QRS : 112 ms  
QT / QTcBaz : 398 / 398 ms  
PR : 164 ms  
P : 114 ms  
RR / PP : 1004 / 1000 ms  
P / QRS / T : 51 / 96 / 21 degrees

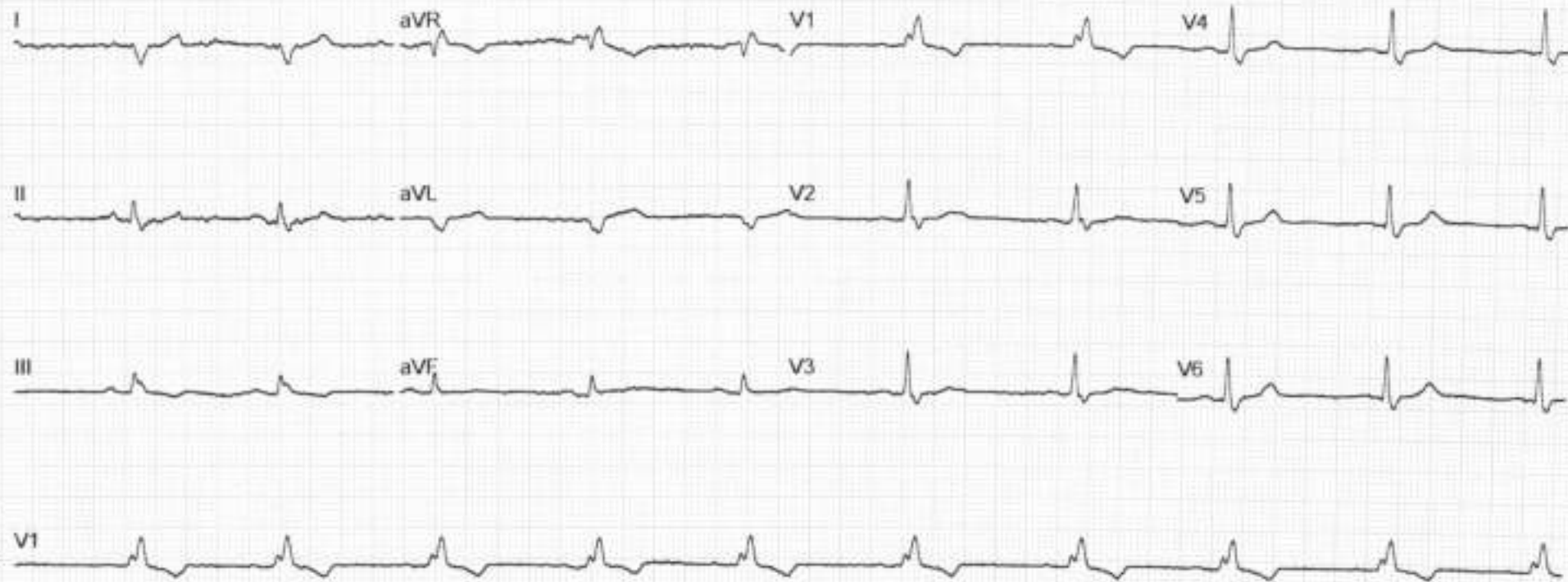
Normal sinus rhythm  
Right bundle branch block  
Abnormal ECG

Technician  
Ordering Ph  
Referring Ph  
Attending Ph

*Damaly at Kaw*

*Right Bundle Branch Block*

*Dr. Ravi Kant Singla*  
M.B.B.S, M.D.,  
Medical Specialist  
Ex-Registrar CMC, LDH.



# Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited



NAME Kamaljeet Kaur

EMP.CODE \_\_\_\_\_

AGE / SEX 48/F

DATE 23/12/23

REF. BY Mediwheel

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-0.50	-0.50	90°	6/6	-0.50	-0.50	90°	6/6
FOR NEAR ADD	+1.50							

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: \_\_\_\_\_



Dr. Maheshwari's Complex, Gill Road, Ludhiana-141003. (India)

Tel. : 91-161-4646792, 4605353, 2501661 Helpline : 99886-39620

E-mail : lifelineldh@rediffmail.com ; info@lifelinehosp.com Web : www.lifelinehosp.com





<b>ID.NO :-</b> 2	<b>Date :</b> 23/12/2023
<b>NAME :-</b> KAMALJEET KAUR	<b>AGE/SEX:</b> 48/Y / FEMALE
<b>REF BY:-</b> MEDIWHEEL	

## HAEMATOLOGY REPORT

C.B.C performed on fully automated haematology analyser Model Sysmex KX-210(japan)

### LEUCOCYTES

W.B.C	:	9.0	$10^3/uL$	4.0 - 11.0
LYM	:	33.0	%	20.0-45.0
MIXED	:	12.1	%	3.0 - 10.0
GRA	:	54.9	%	40.0-75.0



### ERYTHROCYTES

R.B.C	:	4.67	$10^6/uL$	3.5-5.5
HB	:	12.7	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	:	37.0	%	26.0-50.0
MCV	:	79.2	fL	82.0-92.0
MCH	:	27.2	pg	27.0-32.0
MCHC	:	34.3	g/dL	32.0-36.0
RDW-SD	:	41.1	fL	37.0-52.0



### THROMBOCYTES

PLT	:	436	$10^3/uL$	150 - 450
PDW	:	11.1	fL	9.0-17.0
MPV	:	9.2	fL	9.0-13.0
P-LCR	:	18.9	%	15.0 - 45.0



BLOOD GROUP 'AB' POSITIVE

E.S.R (Westgrn) 5 mm/1st Hr. 00 - 20

COMMENTS

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



NAME : KAMALJEET KAUR  
AGE/SEX : 48Y/F  
REF BY : MEDIWHEEL  
DATE : 23.12.2023

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	86mg/dl
PPBS	70-140mg/dl	105mg/dl
CHOLESTEROL	140-200 mg/dl	174mg/dl
TRIGLYCERIDES	60-160 mg/dl	127mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	104mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.8:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.3mg/dl
UREA(BUN)	10-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.92mg/dl
URIC ACID	3.0-7.2mg/dl	5.00mg/dl

- Recommendation:**
1. This report is not valid for medico
  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

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. 40125



NAME : KAMALJEET KAUR  
AGE/SEX : 48Y/F  
REF BY : MEDIWHEEL  
DATE : 23.12.2023

## • LIVER PROFILE REPORT

DETERMINATION	NORMAL	RESULT
BILIRUBIN TOTAL	<1.2mg/dl.	0.70mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.20mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.50mg/dl
S.G.O.T	5-50Units/L	33Unit/L
S.G.P.T	5-50Unit/L	27Unit/L
GGTP	9-52 Units/L	24Units/L
ALK PHOSPHATASE	ADULTS 28-111 Units/L CHILD-54-369units/L	103Units/L
TOTAL PROTEIN	6.0-8.4 gm/dl.	7.1gm/dl
ALBUMIN	3.5-5.0 gm/dl	4.1gm/dl
S.GLOBULIN	2.0-4.0mg/dl	3.0mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1gm/dl

### Recommendation:-

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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  
Reg. No. 47175



**NAME : KAMALJEET KAUR**  
**AGE/SEX : 48Y/F**  
**REF BY : MEDIWHEEL**  
**DATE : 23.12.2023**

### (HbA1C)

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.49	%

### 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:-

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3. Test to be clinically correlated

*Surbhi*

**Dr. SURBHI GOYAL**  
 M.B.B.S. M.D. (PATHOLOGY)  
 CONSULTANT PATHOLOGIST  
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NAME : KAMALJEET KAUR  
AGE/SEX : 48Y/F  
REF BY : MEDIWHEEL  
DATE : 23.12.2023

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.38ng/ml	0.70-2.04ng/ml
T4	5.65 ug/dl	4.6-10.5ug/dl
TSH	1.148 $\mu$ IU/ml	0.40-4.20 $\mu$ IU/ml

### Recommendation:-

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5. False negative or false positive results may occur in some cases

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg. No. 415



NAME : KAMALJEET KAUR  
AGE/SEX : 48Y/F  
REF BY : MEDIWHEEL  
DATE : 23.12.2023

## URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	CLEAR
SECIFIC GRAVITY	1.020
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
BILE SALTS	NIL
BILE PIGMENTS	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	1-2/hpf
PUS CELLS	2-3hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL
AMOURPHUS URATE	NIL

### Recommendation:-

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Dr. SURBHI GOYAL  
M.B.B.S. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg. No. 2415



Name : KAMALJEET KAUR

Age/Sex : 48 Yrs/M

Date : 23\12\2023

## 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

**Pnemonitis in right base .**

*Dr. R.S. Maheshwari*  
**DR. R.S. MAHESHWARI**  
Consultant Physician & Chest Specialist  
**M.B.B.S., M.D.**  
GILL ROAD, LUDHIANA-141003  
Reg. No. 34970