

SANDEEP KAUR 29 2442 F CHEST,FRN P->A 14-10-2023 09:43 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... Sandeep kaur Age & Sex... 29y/f Date of MER... 14/10/23
 Identification Mark... Scar on lower side of chin Proof... Voter Card
 Ht... 149 Wt... 58 Chest Exp/Insp... 85/90 Abd... 91 PR... 84/m BP... 100/70

Any Operation
 H/o LSCS done in Jan, 2022 at Skin Clinic, Jageaon
 Any Medicine Taken
 No

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	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... Sandeep kaur

Signature of Doctor... Dr R.K. Mittal
 M.B.B.S. MD (Chest)
 Registration No. 17707 (PMC)
 Consultant Physician & Chest Specialist

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 14/10/23

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

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

I have furnished my ID Proof Voter Card bearing ID No. NXV1155830 at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

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

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

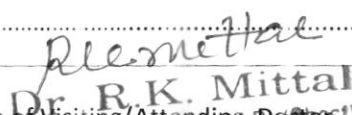
	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills

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

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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>Sandeep kaur</u> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <u>Sandeep kaur</u>	<div style="text-align: center;">  Dr. R.K. Mittal M.B.B.S Registration No 17707 (PMC) General Physician & Chest Specialist </div> Signature of Visiting/Attending Doctor Name of Visiting/Attending Doctor MC Registration No: <u>17707</u> Doctor Stamp with date <u>14/10/23</u>
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Self Declaration & Special COVID-19 Consent

Date 14/10/23

Day:

Time:

Patient's Name/Client Name

Sandeep kaur

Age, 29y

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.

Sandeep kaur

Patient's Signature with Name

Doctor's Signature & Name
Dr. R. R. K. Mittal
M.E. MBBS M.D. (Phest)
Registration No. 17707/PMC



ਭਾਰਤ ਚੋਣ ਕਮਿਸ਼ਨ
ELECTION COMMISSION OF INDIA
ਵੋਟਰ ਫੋਟੋ ਸਨਾਖਤੀ ਕਾਰਡ: Elector Photo Identity Card

126



NXU1155530



ਨਾਮ: ਸਨਦੀਪ ਕੌਰ
Name: Sandeep Kaur
ਪਤੀ ਦਾ ਨਾ: ਹਰਪ੍ਰੀਤ ਸਿੰਘ
Husband's Name: Harpreet Singh
ਲਿੰਗ / Gender: ਏਸਤਰੀ / Female
ਜਨਮ ਮਿਤੀ / ਉਮਰ:
Date of Birth / Age: 25-12-1993



Sandeep Kaur

Dr R.K. Mittal
MBBS MD (Chest)
Registration No 17707 (PMC)
Consultant Physician & Chest Specialist

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Important Notice

1. Please Bring Original Photo ID (Latest) for Any Pre-Insurance Health Checkup

Center Will Not Conduct Any Medical Test Without Original Photo ID

Please Come Fasting For Laboratory Tests as per Instructions Already Given for Corporate or T.P.A.

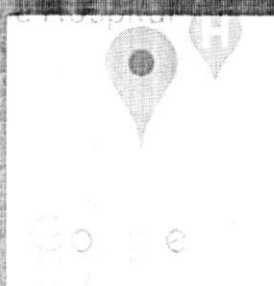
Please Keep Silence, Wait for Your Turn and Switch Off Your Mobile

Please Fill the "Feed us Back" Form and Do Not Hesitate to Tell If You Face Any Problem In The Center

ALL ARE UNDER CCTV SURVEILLANCE



R.K. Mittal
Dr. R.K. Mittal
MBBS MD (Chest)
Registration No. 17707 (PMC)
Consultant Physician & Chest Specialist



241/1, Dasmesh Nagar,
New Kartar Nagar,
Ludhiana, Punjab

mist
31.0 °C

14 Oct 2023 09:13 am

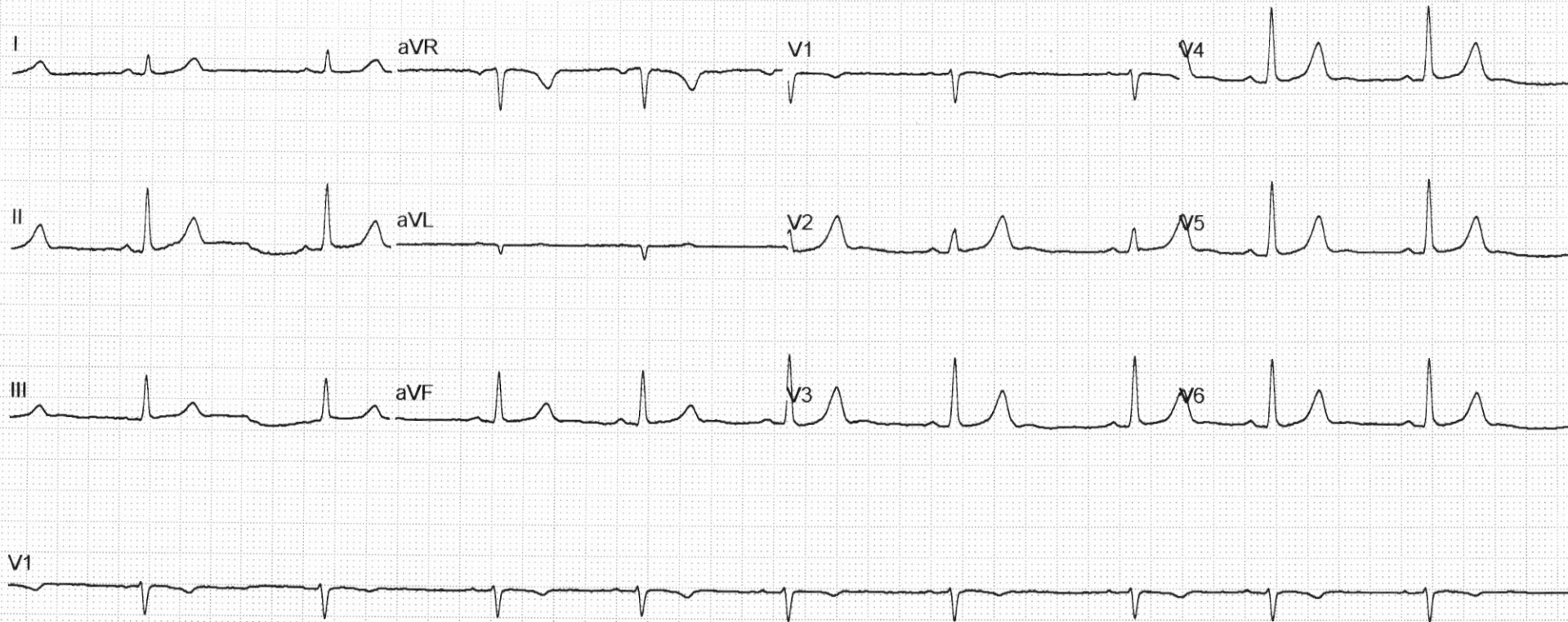
QRS : 80 ms
QT / QTcBaz : 430 / 422 ms
PR : 146 ms
P : 94 ms
RR / PP : 1026 / 1034 ms
P / QRS / T : 45 / 69 / 60 degrees

Sinus bradycardia with sinus arrhythmia
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten notes:
Sinus Brady
wave + HR 58 bpm

DR. GAGAN SHARMA
MBBS, MD (MEDICINE)
DM CARDIOLOGY





To

The Lifeline Hospital,

Ludhiana.

Subject - Refusal of stool sample

I want to Refuse my stool

sample

Regards,

Sandeep Kaur.

Sandeep Kaur

R.K. Mittal
Dr R.K. Mittal
MBBS MD (Chest)
Registration No 17707 (PMC)
Consultant Physician & Chest Specialist



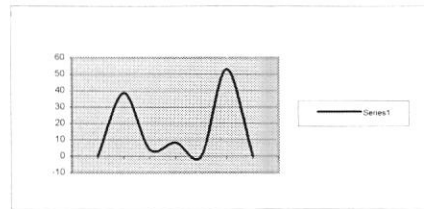
ID.NO :- 8	Date : 14/10/2023
NAME :- SANDEEP KAUR	AGE/SEX: 29/Y /FEMALE
REF BY:- BANK OF BARODA	

HAEMATOTOLOGY REPORT

C.B.C performed on fully automated haematology analyser, Model: Sysmex KX-21 (japan)

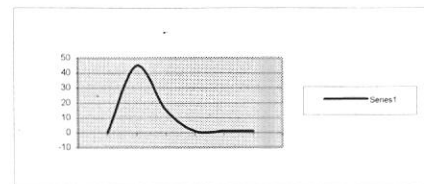
LEUCOCYTES

W.B.C	:	7.6	$10^3/uL$	4.0 - 11.0
LYM	:	38.6	%	20.0-45.0
MIXED	:	8.3	%	3.0 - 10.0
GRA	:	53.1	%	40.0-75.0



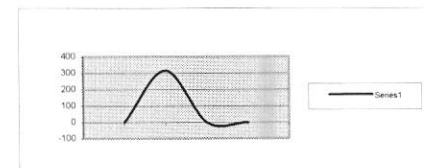
ERYTHROCYTES

R.B.C	:	3.78	$10^6/uL$	3.5-5.5
HB	:	12.3	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	35.6	%	26.0-50.0
MCV	:	94.2	fL	82.0-92.0
MCH	:	32.5	pg	27.0-32.0
MCHC	:	34.6	g/dL	32.0-36.0
RDW-SD	:	52.2	fL	37.0-52.0



THROMBOCYTES

PLT	:	317	$10^3/uL$	150 - 450
PDW	:	13.8	fL	9.0-17.0
MPV	:	10.6	fL	9.0-13.0
P-LCR	:	29.4	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 15 mm/1st Hr. 00 - 20

COMMENTS

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. 40135

NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	94mg/dl
PPBS	70-140mg/dl	102mg/dl
UREA(BUN)	15-45mg/dl	24mg/dl
CREATININE	0.7-1.5mg/dl	0.76mg/dl
URIC ACID	3.0-6.2mg/dl	6.15mg/dl
BUN/SR.CREATININE RATIO	9:1-23:1 RATIO	31.5:0 RATIO
CHOLESTEROL	140-200mg/dl	164mg/dl
TRIGLYCRIDE	60-160mg/dl	130mg/dl
CHOLESTEROL HDL	35-60 mg/dl	47mg/dl
CHOLESTEROL LDL	60-150 mg/dl	91mg/dl
VLDL	20-40 mg/dl	26mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4,16:1 mg/dl	3.4:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.9mg/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
Reg No. 40195



NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.70mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.20mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.50mg/dl
S.G.O.T.	5-50Units/L	23Units/L
S.G.P.T.	5-50 Units/L	27Units/L
GAMMA GT	9-52 Units/L	32Units/L
ALK. PHOSPHATASE	108-305 Units/L	235Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
ALBUMIN	3.5-5.3mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/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.
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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. 40195

NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*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
Reg No. 40190

NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.015
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	2-3/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

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

Surbhi

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. 46193



NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.23 ng/ml	0.70-2.04 ng/ml
T4	5.62 µg/dl	4.6-10.5 µg/dl
TSH	1.360µIU/ml	0.40-4.20µIU/ml

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.
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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
No. 40195



NAME : SANDEEP KAUR
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 14.10.2023

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.35	%

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

Surbhi

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

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
(ENTRY LEVEL)



NAME Sandeep Kumar

EMP.CODE _____

AGE / SEX 29y / F

DATE 14/10/2023

REF. BY Bank of Baroda

	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: _____

DOCTOR SIGNATURE



Name : SANDEEP KAUR
Age/Sex : 29Yrs/F
Date : 14.10.2023

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

The pleural spaces are normal.

R.K. Mittal

DR.R.K.MITTAL

M.B.B.S, M.D. (Chest Specialist)

Registration No 17707 (PMC)
Consultant Physician & Chest Specialist

Patient's Name: SANDEEP KAUR

AGE/SEX : 29 Y /F

DATE: 14/10/2023

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic bleary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abcess. Movements of diaphragm are not restricted. No evidence of secondries. 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, Corticomedullary differentiation is well maintained. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure. Changes or S.O.L.

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

URETERS :- Both ureters are normal and not dilated.

URINARY BLADDER :- UB is seen filled stage. Lumen is echo free. Walls are normal.

UTERUS :- uterus is normal in size & outline. No focal is seen in myometrium. Eddometrial echo is 4 mm in thickness.

OVERIES :Both adenexa shows normal echogenic appearance.

IMPRESSION:- NORMAL U.S.G.

Dr. R. S. Maheshwari
M.B.B.S., M.D (Pead)

DR.R.S. MAHESHWARI

LIFE LINE HOSPITAL

LUDHIANA-141003

**ULTRASONOLOGIST :-This is only professional opinion and not diagnosis .
It should be correlated clinically.**

