

❖ 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 Jyoti Thaler Age & Sex 31/F Date of MER 25/12/21
 Identification Mark mole on lt cheek ID Proof E-ID card
 Ht 159 Wt 56 Chest Exp/Insp 78/83 Abd 67 PR 78/min BP 102/60

Any Operation

H/O LSCS done 5yrs ago at Pvt hospital, Sirsa.

Any Medicine Taken

Yes, H/O recurrent UTI since 7-8 months. Taking medication for same. Name not known.

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 Jyoti Thaler

Signature of Doctor Ran

Seal of Centre.....
Dr. R.S. Maheshwari
 M.B.B.S., M.D. (Paed) F.C.M.S. (Ex) M.J.A.P
 Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 6th L. ROAD, LUDHIANA-141003
 Registration No. 34970

Self Declaration & Special COVID-19 Consent

Date: 25/12/21

Day:

Time:

Patient's Name/Client Name

Iyoti Thakor

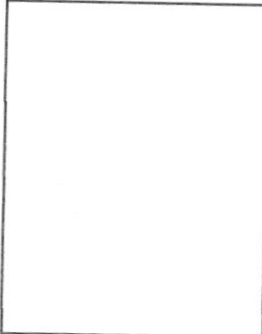
Age: 31

Sex: female

CaseNo/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.

Iyoti Thakor
Patient's Signature with Name

Dr. R.S. Makheyani
M.B.B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970
Doctor's Signature & Name

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 Bank of Baroda vide Proposal Form bearing no _____ dated 25/12/24

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"/> |
| <i>Pap smear test refused by client.</i> | | |
| 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>USG, CXR, Dental, eye</u> | |

I have furnished my ID Proof card bearing ID No. 105831 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
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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

	<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; Behaviour etc.)


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

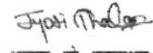
Signature of the Life to be Insured (Proposer in case of Life insured being minor) <u>Jyoti Thakor</u>	Signature of Visiting/Attending Doctor <u>Dr. R.S. Maheshwari</u> M.B.B.S., M.D., D.C.P.S. (Ex.) M.I.A.P. Consultant Physician & Child Specialist LIFE LINE HOSPITAL 25/1 ROAD, LUDHIANA-141003 Registered with MC No. 14970
Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <u>Jyoti Thakor</u>	Name of Visiting/Attending Doctor _____ MC Registration No: <u>34970</u> Doctor Stamp with date <u>25/12/24</u>


 बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम ज्योति थालोड
Name : Jyoti Thalor
कर्मचारी कूट क्र.
E.C.No . 105831


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Holder's Signature


Dr. R.S. Maheshwari
M.B.B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.
Consultant Physician & Child Specialist
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970


Jyoti Thalor

Star Health and Allied Insurance Co. Ltd.
Tokai Dai-ichi Life Insurance Co. Ltd.



Important

1. Please Bring Original P for Any Pre-Insurance t
2. Center Will Not Conduct or Lab Test Without Orig
3. Please Come Fasting For Lab As Per The Instructions Alrea By Your Corporate or T.P.A.
4. Please Keep Silence, Wait for And Switch Off Your Mobile
5. Please Fill The "Feed us Bac And Do Not Hesitate to Tell If Faced Any Problem In The Ce

YOU ARE UNDER CCTV SURVEILLANCE

Dr. R.S. Maheshwari
M.B.B.S., M.D. (Paed), F.C.M.B. (Ex) M.I.A.S.
Consultant Physician & Child Specialist
LIFELINE HOSPITAL
CHILL ROAD, LUDHIANA-141003
Registration No. 34970



Jyoti Thakor

Dental Checkup

IDE :

Carious $\frac{8}{8}$

Filled $\frac{87}{7}$

Dislodged
Restoration $\frac{1}{8}$

Porcelain
crown $\frac{1}{6}$

Adv. restoration $\frac{2}{8}$



Smruti



NAME: JYOTI THALOR

AGE/SEX: 31Y/F

REF. BY: BANK OF BARODA

DATE: 25/12/2021

EYE CHECK UP

Vision Test

6/6 Right Eye: - SPH	CYL	AX
-1.75	-0.00	00°
6/6 Left Eye : -SPH	CYL	AX
-1.75	- 0.00	00°

Near vision: Normal

Color vision (Ishihara's Chart)

Color vision: Normal



Dr. R.S. Maheshwari
M.B.B.S, M.D.



NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 25.12.2021

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

Dr. SURESH GOYAL
M.B.B.S M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



NAME: JYOTI THALOR

AGE/SEX: 31Y/F

HEIGHT: 159 cms

WEIGHT: 56.00 kgs

B.P: 102/60mmHg

PULSE: 78 BPM

- CVS - N.A.D.
- CNS – N.A.D.
- P/A – N.A.D.
- R/S – N.A.D.
- No H/O Any kind of surgery.
- Not a known case of HTN, DM, Koch's etc.
- ENT - NAD
- Skin Examination - NAD



DR. R.S. Maheshwari
M.B.B.S, MD

ID.NO :- 3	Date : 25/12/2021
NAME :- JYOTI THALOR	AGE/SEX: 31/Y /FEMALE
REF BY:- BANK OF BARODA	

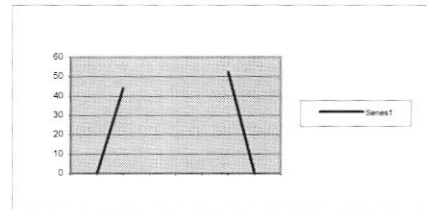
HAEMATOTOLOGY REPORT

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

LEUCOCYTES

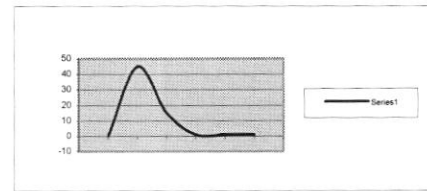
W.B.C	:	6.6	10 ³ /uL	4.0 - 11.0
LYM	:	44.0	%	20.0-45.0
MIXED	:	3.5	%	3.0 - 10.0
GRA	:	52.5	%	40.0-75.0

REFERENCE RANGE



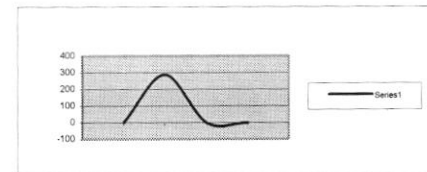
ERYTHROCYTES

R.B.C	:	4.49	10 ⁶ /uL	3.5-5.5
HB	:	12.3	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	36.1	%	26.0-50.0
MCV	:	80.4	fL	82.0-92.0
MCH	:	27.4	pg	27.0-32.0
MCHC	:	34.1	g/dL	32.0-36.0
RDW-SD	:	43.9	fL	37.0-52.0



THROMBOCYTES

PLT	:	288	10 ³ /uL	150 - 450
PDW	:	11.1	fL	9.0-17.0
MPV	:	9.2	fL	9.0-13.0
P-LCR	:	18.8	%	15.0 - 45.0



BLOOD GROUP "B" POSITIVE

E.S.R (Westgrn) 28 mm/ 1st Hr. 00 - 20

COMMENTS

Surehi

Dr. SUREHI GOYAL
M.B.B.S M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 25.12.2021

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	87mg/dl
PPBS	70-140mg/dl	78mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.79mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.58mg/dl
S.G.O.T.	5-50Units/L	23Units/L
S.G.P.T.	5-50 Units/L	28Units/L
GAMMA GT	9-52 Units/L	32Units/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
ALK. PHOSPHATASE	108-305 Units/L	269Units/L
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.71mg/dl
URIC ACID	3.0-6.2mg/dl	5.50mg/dl
CHOLESTEROL	140-200mg/dl	168mg/dl
TRIGLYCRIDE	60-160mg/dl	125mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	97mg/dl
VLDL	20-40 mg/dl	25mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.1mg/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.

Dr. SURBHI GOYAL
M.B.B.S. M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 25.12.2021

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	115.8ng/ml	70-204 ng/ml
T4	5.10µg/dl	4.6-10.5 µg/dl
TSH	0.95µIU/ml	0.4-4.2µIU/ml

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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

NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 25.12.2021

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.32	%

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 glycemc 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 glycemc 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

Dr. SURBHI GOYAL
M.B.B.S M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 25.12.2021

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

***Recommendation:-**

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Dr. SURBHI GOYAL
M.B.B.S. M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST

NAME : JYOTI THALOR
AGE/SEX : 31Y/F
REF BY : BANK OF BARODA
DATE : 26.12.2021

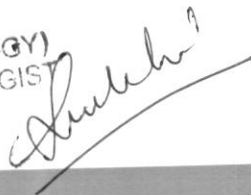
STOOL EXAMINATION REPORT

A. MACROSCOPIC EXAMINATION	
CONSISTENCY	SOLID
COLOUR	YELLOW
OCCULT BLOOD	NEGATIVE
MUCUS	NIL
B. MICROSCOPIC EXAMINATION	
OVA AND CYST	NOT SEEN
R.B.C	NIL
PUS CELL	2-3/hpf

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





Name : JYOTI THALOR

Age/Sex : 31Y/F

Date : 25/12/2021

X-RAY CHEST PA VIEW

The cardiac size is normal

Both hilla are normal in size, have equal density and bear normal relationship

The lungs on the either side shows equal translucency

The domes of the diaphragm is normal

The pleural spaces are normal

NORMAL STUDY.

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

DR. R.K. MITTAL
MBBS, MD. (Chest Specialist)



Name : JYOTI THALOR

Age/Sex : 31 Yrs /FEMALE

Ref. By :

Date : 25 .12.2021

ULTRASONOGRAPHY OF WHOLE 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 echotexture.

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.

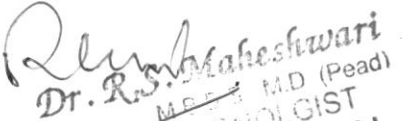
LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure changes or S.O.L.. Corticomedullary differentiation is well maintained.

URETERS : Both ureters are normal and not dilated

URINARY BLADDER : U.B is seen in filled stage. Lumen is echo free. Walls are normal

UTERUS :- Uterus is normal in size & outline. No focal lesion is seen in myometrium. Endometrial echo is 5 mm in thickness. Both adnexa shows normal echogenic appearance.

There is evidence of poor echogenic appearance in right iliac fossa. Appendicitis to be ruled out.


Dr. R.S. Maheshwari
M.B.B.S. M.D (Pead)
ULTRASONOLOGIST
LIFE LINE HOSPITAL,
Ludhiana-141003
Phone No. DAA/LDH/11/346

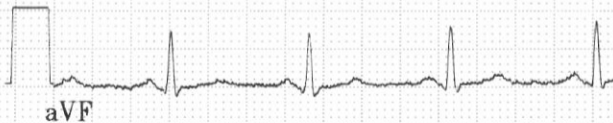
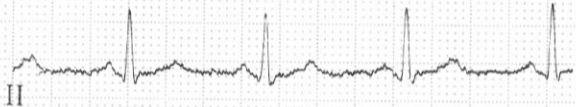
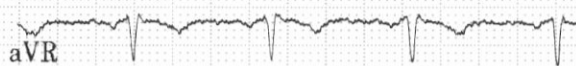
NOTE :- This is only professional opinion and the diagnosis. It should be correlated clinically & with other investigation to come to final diagnosis

GE

MACi V2.00

Name/ID:

25-Dec-2021 10:30:27



0.16-20Hz

25.0 mm/s

10.0 mm/mV

81 bpm

Simultaneous-3

CARDIOPRINT

CARDIOPRINT

CARDIOPRINT

Name/ID: *Jyoti Thakur*

Sinus rhythm with short PR
Possible Inferior infarct, age
undetermined
Abnormal ECG

Vent. rate 81 bpm
QRS duration 86 ms
QT/QTc 384/446 ms
PR interval 84 ms
P duration 62 ms
RR interval 740 ms
P-R-T axes * 76 24

Jyoti Thakur

WNL
[Signature]

Dr. RENU LATA GUPTA
M.B.B.S. MD (Medicine)
Consultant Physician
Reg. No. 37178

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