

**A Venture of Apple Cardiac Care**

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



Reg.NO. : 01  
NAME : Mrs. RASHMI GUPTA  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 27/07/2023  
AGE : 30 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR F.	90	mg/dl	60-100
SERUM CHOLESTEROL	163	mg/dl	130-200

—{End of Report}—

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.  
Home Sample Collection Facility Available



Health Assessment

Policy Number MPT94132306

Member/Client Number

Member Information :

Name: RASHMI GUPTA

Gender: Male  Female  Transgender

Date of birth: 02071992

Identification:

Identity of the examinee has been verified by the way of:

PAN Card  Passport  Driving License  Election Card

Aadhaar card  Any other authorized document (specify) 04450956118D

Body Parameters Reading

Waist Circumference (cm)

Hip Circumference (cm)

Hip Waist Ratio (H / R)

Blood Pressure (3 readings in interval of 5 minutes)

Reading

94

104

1.05

Reading 1 - Systolic/Diastolic

120/75

Reading 2 - Systolic/Diastolic

119/72

Reading 3 - Systolic/Diastolic

121/80

Do you or anyone you live with Smoke?

Non-Smoker  
 Ex-Smoker

I Have lived with a smoker most of my life

1 to 14 per day

More than 15 per day

Do you chew Tobacco

Yes  No

Testing done on fasting blood sugar?

Yes  No

In Time: 10:00 Out Time: 10:30

Declaration

I confirm that all of the above answers and statements are true and complete to the best of my knowledge and belief and no material facts concerning my past and present state of health and habits have been withheld & omitted. I also agree that any doctors, whether named above or not, who has attended or examined me or who may do so hereafter shall be and is hereby authorized and directed by me to disclose to the Company any information he may have acquired with regard to myself.

Date: 20072023

Rashmi Gupta  
Customer Signature



I, D. Nishh herein declare that I have conducted the physical examination of Rashmi Gupta after due verification of his/her identity I further affirm that nothing has been misrepresented or concealed by me. I understand that the findings of the physical examination are significant since the findings are relevant for assessment of risk by the company and shall form part of the contract between the applicant and the company.

Date: 20072023

डॉ० नितिन अग्रवाल  
Signature & Diagnostic Centre Seal डी०एम०  
हृदय रोग विशेषज्ञ



# CALLMEDILIFE HEALTHCARE SERVICES PRIVATE LIMITED

Unit No. 1002, 10th floor, Jay Antarksh, Thakur House, Makwana Road, Marol Andheri East, Mumbai, Maharashtra 400059



## Feedback - Pre Policy Life Insurance Medicals/Health Assessment/Annual Health Checkup

This is to confirm & certify that I have gone through the medical examination through Medical centre Apple Care situated at Amcilly / Home visit on 28/07/23 (Date) to complete the requisite proposal form bearing no 2010712 date 28/07/23 Home Visit

I do confirm specifically that the following medicals activates 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 type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 3. Electro Cardio Gram (ECG)                   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 4. Treadmill Test (TMT)                        | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 5. Others <u>(Cholesterol)</u>                 |   |  |

I have furnished my ID proof Ashwari Card Bering ID No. 044509 at the time of medicals

56 1100

### Feedback of Provider

- |   |  |                                  |                               |
|---|--|----------------------------------|-------------------------------|
| 1. Behavior and cooperation of staff        |  |                                  |                               |
| a. Reception/ Clinic / Hospital             | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| b. Technician / Doctor                      | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. Time Management                          | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. Upkeep of Hospital                       | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. Technology & Skills                      | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. Medical check procedure was satisfactory | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |

(Medical Facility – Location, Facility set-up, Instruments, Cleanliness; process Followed; etc. Also on the medical staff; Appearance; Technical Know-how; Behavior etc.)

If No provide details or let us know of anything additional you would like to provide as comments and /or suggestions

Rashmi Gupta  
Name of the Life to be insured with date  
(Proposer in case of Life Insured being minor)

Rashmi Gupta  
Signature of the Life to be Insured  
(Proposer in case of Life Insured being minor)

"I have seen the original photo id proof of the client before conducting the medicals."

Dr. Nitin Agarwal  
Name of Attending / Visiting Doctor

[Signature]  
Signature of Attending / Visiting Doctor

MC Registration No: 040705

Doctor Seal with Date:

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हृदय रोग विशेषज्ञ

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