

❖ 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 Chander Mohan Age & Sex 32/M Date of MER 27/11/21  
 Identification Mark cut mark on Lt Thumb ID Proof UID Card  
 Ht 172 Wt 68 Chest Exp/Insp 91/95 Abd 87 PR 82/min BP 136/84

Any Operation

No

Any Medicine Taken

Yes, H/O L3-L4 spine disc problem in 2018, had treatment from Neurocare Hospital Jaipur. Had medication for 1 year for same.

Any Accident

No

Alcohol/Tabacco/Drugs

Consumption Alcohol Duration 4-5 yrs

Qty 100ml occasionally

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"/>		<u>-3.25 corrected by glasses</u>
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client [Signature]

Signature of Doctor [Signature]

Seal of Centre

**Dr. R.S. Maheshwari**  
 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

**Self Declaration & Special COVID-19 Consent**

Date: 27/11/21

Day:

Time:

Patient's Name/Client Name

Chander Mohan

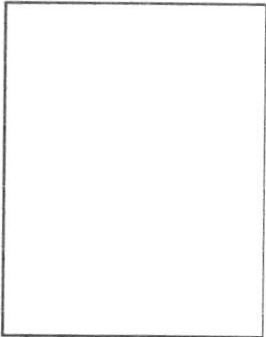
Age: 32

Sex: Male

CaseNo/Propo  
al 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?

Travelled to Hisar last month for 2 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

  
Dr. R.S. Maheshwari  
M.B.B.S., M.D. (Paed) F.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 27/11/21.

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>Stool, USG, CXR, Dental, eyes</u> |   |                             |

I have furnished my ID Proof UP card bearing ID No. 2516 7279 6775 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
--	----------------------------------	-------------------------------
- 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
 

Yes <input checked="" 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; 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) <hr style="border: 0; border-top: 1px solid black;"/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)  Chandar Mohan	Signature of Visiting/Attending Doctor Dr: <u>R. Maheshwari</u> M.B.B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P Consultant Physician & Child Specialist Name of Visiting/Attending Doctor _____ GILL ROAD, LUDHIANA 141003 Registration No. 34970  MC Registration No: <u>34970</u>  Doctor Stamp with date <u>27/11/21</u>
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भारत सरकार  
Government of India



चंद्र मोहन  
Chander Mohan

जन्म तिथि/DOB: 01/09/1989  
पुरुष / Male



2516 7279 6775

आधार - आम आदमी का अधिकार

*Handwritten signature*

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



भारत सरकार  
Unique Identification Authority of India

पता: S/O: सुरेन्द्र सिंह  
ओबरा (E), ओबरा, भिवानी, हरियाणा  
127028

Address: S/O: Surender  
Singh, Obra (E), Obra,  
Bhiwani, Haryana, 127028

2516 7279 6775

1947  
1800 300 1947

✉  
help@uidai.gov.in

www  
www.uidai.gov.in

- United India Insurance Co. Ltd.
- LIC of India
- SBI Life Insurance Co. Ltd.
- Max Buysa Health Insurance Co.
- HDFC Ergo General Insurance Co.
- Aggarwal Life Insurance Co. Ltd.
- Birla Sun Life Insurance Co. Ltd.
- MET Life Insurance Co. Ltd.
- DMF Pramerica Life Insurance Co.
- Bharti AXA 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.

- Anja Life Insurance Co. Ltd.
- Star Health and Allied Insurance Co. Ltd.
- Star Union Ind-ichi Life Insurance Co. Ltd.



1. Please Bring for Any Pre or Lab Test
2. Center Will
3. Please Come As Per The Instru By Your Corporat
4. Please Keep Siler And Switch Off Yo
5. Please Fill The Fee And Do Not Hesitat Faced Any Problem

YOU ARE UNDER CCTV

**Maheshwari**  
P.C.M.S. (Ex.) M.I.A.P.  
& Child Specialist  
LIFELINE HOSPITAL  
No. 1003

ar, New Kartar Nagar, Ludhiana, Punjab 141003, India  
30°53'N 75°51'29" E, 205.6m  
27/11/2021 09:25:27 AM



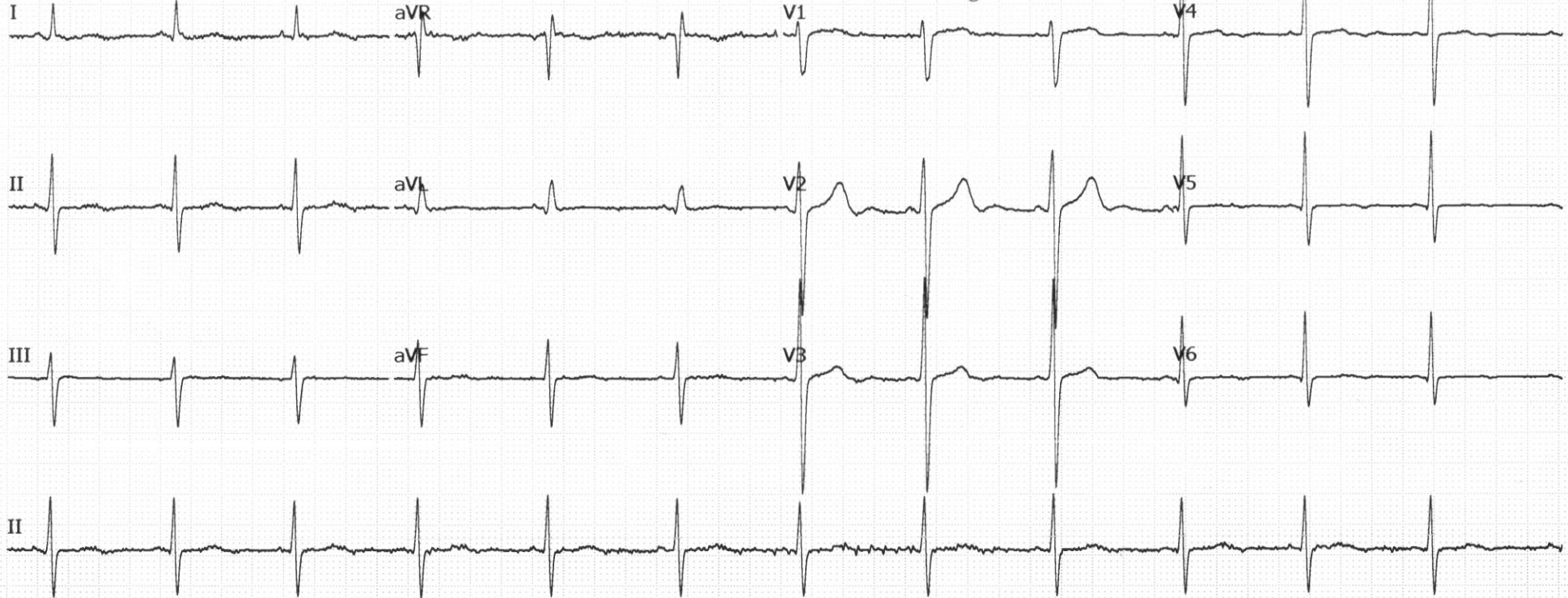
QRS : 82 ms  
QT / QTcBaz : 390 / 432 ms  
PR : 96 ms  
P : 82 ms  
RR / PP : 806 / 810 ms  
P / QRS / T : 10 / -7 / 47 degrees

Sinus rhythm with short PR  
Nonspecific T wave abnormality  
Abnormal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*me*  
*WNL*

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





Name - Chander Mohan  
Age/Sex - 32/Male

Dental Checkup

IOE:

Stains +

Calculus ++

Adv. oral prophylaxis

*Blow*





**Name : CHANDER MOHAN**  
**Age/Sex : 32Y/M**  
**Date : 27/11/2021**

## 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)  
Consultant Physician & Chest Specialist

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





NAME : CHANDER MOHAN

AGE/SEX: 32Y/M

REF. BY: BANK OF BARODA

DATE: 27/11/2021

## EYE CHECK UP

### Vision Test

6/6 Right Eye: - SPH	CYL	AX
-3.25	-0.00	00°
6/6 Left Eye : -SPH	CYL	AX
-3.25	-0.00	00°

Near vision: Normal

Color vision (Ishihara's Chart)



Color vision: Normal

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



<b>ID.NO :-</b> 2	<b>Date :</b> 27/11/2021
<b>NAME :-</b> CHANDER MOHAN	<b>AGE/SEX:</b> 32/Y /MALE
<b>REF BY:-</b> BANK OF BARODA	

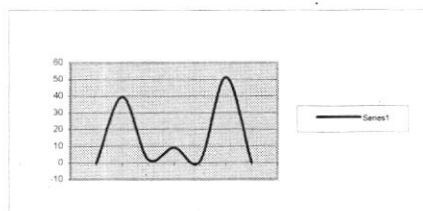
## HAEMATOTOLOGY REPORT

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

### LEUCOCYTES

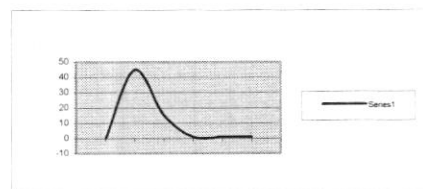
Parameter	Value	Unit	Reference Range
W.B.C	9.9	10 <sup>3</sup> /uL	4.0 - 11.0
LYM	39.5	%	20.0-45.0
MIXED	9.2	%	3.0 - 10.0
GRA	51.3	%	40.0-75.0

### REFERENCE RANGE



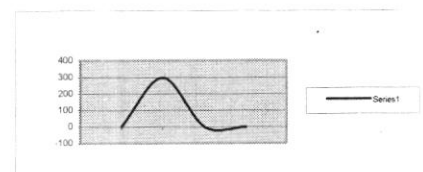
### ERYTHROCYTES

Parameter	Value	Unit	Reference Range
R.B.C	5.35	10 <sup>6</sup> /uL	3.5-5.5
HB	14.6	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	44.9	%	26.0-50.0
MCV	83.9	fL	82.0-92.0
MCH	27.3	pg	27.0-32.0
MCHC	32.5	g/dL	32.0-36.0
RDW-SD	44.1	fL	37.0-52.0



### THROMBOCYTES

Parameter	Value	Unit	Reference Range
PLT	300	10 <sup>3</sup> /uL	150 - 450
PDW	12.6	fL	9.0-17.0
MPV	10.2	fL	9.0-13.0
P-LCR	26.6	%	15.0 - 45.0



BLOOD GROUP "B" POSITIVE

E.S.R (Westgrn) 7 mm/1st Hr. 00 - 20

COMMENTS

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



NAME : CHANDER MOHAN  
AGE/SEX : 32Y/M  
REF BY : BANK OF BARODA  
DATE : 27.11.2021

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	96mg/dl
PPBS	70-140mg/dl	179mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.79mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.18mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.61mg/dl
S.G.O.T.	5-50Units/L	30Units/L
S.G.P.T.	5-50 Units/L	26Units/L
GAMMA GT	9-52 Units/L	18Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.2mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.1gm/dl
ALK. PHOSPHATASE	108-305 Units/L	227Units/L
UREA(BUN)	15-45mg/dl	28mg/dl
CALCIUM	8.5-10.4mg/dl	8.9mg/dl
CREATININE	0.7-1.5mg/dl	0.92mg/dl
URIC ACID	3.0-7.2mg/dl	6.32mg/dl
CHOLESTEROL	140-200mg/dl	169mg/dl
TRIGLYCRIDE	60-160mg/dl	127mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	99mg/dl
VLDL	20-40 mg/dl	25mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.2mg/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.

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



NAME : CHANDER MOHAN  
AGE/SEX : 32Y/M  
REF BY : BANK OF BARODA  
DATE : 27.11.2021

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	123.6ng/ml	70-204 ng/ml
T4	6.15µg/dl	4.6-10.5 µg/dl
TSH	1.06µIU/ml	0.4-4.2µIU/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.
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 : CHANDER MOHAN**  
**AGE/SEX : 32Y/M**  
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**DATE : 27.11.2021**

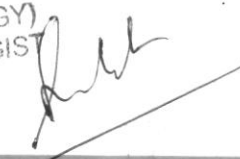
## URINE EXAMINATION REPORT

<b>A. PHYSICAL EXAMINATION</b>	
QUANTITY	30ml
COLOUR	YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
<b>B. CHEMICAL EXAMINATION</b>	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
<b>C. MICROSCOPIC EXAMINATION</b>	
EPITHELIAL CELLS	NIL
PUS CELLS	1-2/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

### **Recommendation:-**

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M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



**NAME : CHANDER MOHAN**  
**AGE/SEX : 32Y/M**  
**REF BY : BANK OF BARODA**  
**DATE : 27.11.2021**

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.55	%

### Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ years	4.0 -6.0
At risk	$\geq 6.0$ to $\leq 6.5$
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





NAME : CHANDER MOHAN  
AGE/SEX : 32Y/M  
REF BY : BANK OF BARODA  
DATE : 27.11.2021

<u>TEST NAME</u>	VALUE	UNITS
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PROSTATE SPECIFIC ANTIGEN (PSA)	1.04	ng/ml
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Technology : C.L.I.A

**REFERENCE RANGE:**

**NORMAL: 0 to 4 ng/ml**

**Border Line: 4.01 to 10.00 ng/ml**

**Recommendation:-**

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NAME : CHANDER MOHAN  
AGE/SEX : 32Y/M  
REF BY : BANK OF BARODA  
DATE : 27.11.2021

## URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

### **\*Recommendation:-**

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M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



NAME: CHANDER MOHAN

AGE/SEX: 32Y/M

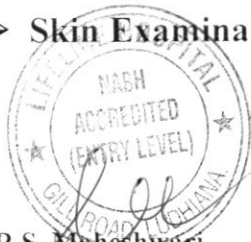
HEIGHT: 172cms

WEIGHT: 68 kgs

B.P: 136/84mmHg

PULSE:82 BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- Not a known case of DM, HTN Koch's etc.
- ENT - NAD
- Skin Examination - NAD



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



**Patient's Name : CHANDER MOHAN**

**DATE : 27/11 /2021**

**Age/Sex : 32 Yrs/M**

## 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 normal in size & size. 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 & outline .. Cortical thickness is WNL. Pelvi-calyceal system is normal. No evidence of calculus. No backpressure, changes or SOL. Corticomedullary differentiation is well maintained.

**LEFT KIDNEY :** Left kidney is normal in size & shape .Cortical thickness is WNL. Pelvi-calyceal system is normal. No evidence of calculus. No 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

**PROSTATE :-** is normal in size. No focal lesion is seen.

**IMPRESSION: NORMAL U.S.G.**

*Dr. R.S. Maheshwari*

DR.R.S. MAHESHWARI  
M.B.B.S., M.D. (Rad)

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

Reg No DAA/LDH/T/...