

❖ 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 Vikramjeet Singh Age & Sex 28/M Date of MER 11/12/21
 Identification Mark male on Lt wrist ID Proof V.I.D card
 Ht 181 Wt 85 Chest Exp/Insp 100/104 Abd 96 PR 82/min BP 118/82

Any Operation

No.

Any Medicine Taken

No epilepsy 7-8 yrs ago, had fit once 7yr ago, had medication for same for 3 years. Not taking medicine since 4-5 yrs. He is fit & fine. No history of fits again.

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 Ashwini Singh

Signature of Doctor Dr. R.K. Mittal

Seal of Centre.....
Dr R.K. Mittal
 M.B.B.S. M.D (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 Bank of Baroda vide Proposal Form bearing no _____ dated 11/12/21

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"/> |
| <i>Stool sample 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>CXR, USG, Dental eyes</u> | |

I have furnished my ID Proof UID Card bearing ID No. 6016 2485 7491 at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

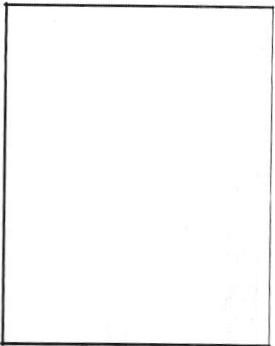
Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management Good Average Poor
- Upkeep of hospital Good Average Poor
- Technology & Skills Good Average Poor
- Please remark if the medical check procedure was satisfactory Yes No

(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><i>Vikramjeet Singh</i></u>	<u><i>Blorretic</i></u> Signature of Visiting/Attending Doctor <u>Dr. R. R. Mittal</u> MBBS MD (Chest) Registration No. 17707 (PMC) Consultant Physician & Chest Specialist
Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <u><i>Vikramjeet Singh</i></u>	Name of Visiting/Attending Doctor MC Registration No: <u><i>17707</i></u> Doctor Stamp with date <u><i>11/12/21</i></u>

Self Declaration & Special COVID-19 Consent



Date: 11/12/21
Patient's Name/Client Name
Age: 28
Address:
Profession:

Day:
Vikramjeet Singh
Sex: male.

Time:
Case No/Propo
al no

- 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
Yes/No Have you come from other country during pandemic of COVID-19?
Travelled to Rajasthan 2 week ago for 10 days.
- 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? *Wife was Covid 19* Yes/No
- 5) Any history of known case of Positive COVID-19 or Quarantine patient in your
Neighbors/Apartment/Society area *positive in may 2021. Home quarantined for 15 days.*
- 6) Are you suffering from any following diseases?
Yes/No Diabetes/Hypertension/Lung Disease/Heart Disease
- 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.

Vikramjeet Singh
Patient's Signature with Name

R.K. Mittal
Doctor's Signature & Name
MBBS MD (Chest)
Registration No. 17707 (PMC)
Consultant Physician & Chest Specialist

भारत सरकार
Government of India

विक्रम जीत सिंह
Vikram Jeet Singh
ਜਨਮ ਮਿਤੀ / DOB : 03/01/1993
ਪੁਰਸ਼ / Male

Issue Date : 20/03/2013

6016 2485 7491

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

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

Signature

भारतीय विशिष्ट पहचान प्राधिकार
Unique Identification Authority of India

पता: C/O अनिल बुडानिया, - - , वी.पी.ओ
साधुवाली, १ ज, गंगानगर, राजस्थान, 335001

Print Date : 12/03/2021

Address: C/O Anil Budania, - - , V.P.O
Sadhuwali, 1 Z, Ganganagar, Rajasthan,
335001

6016 2485 7491

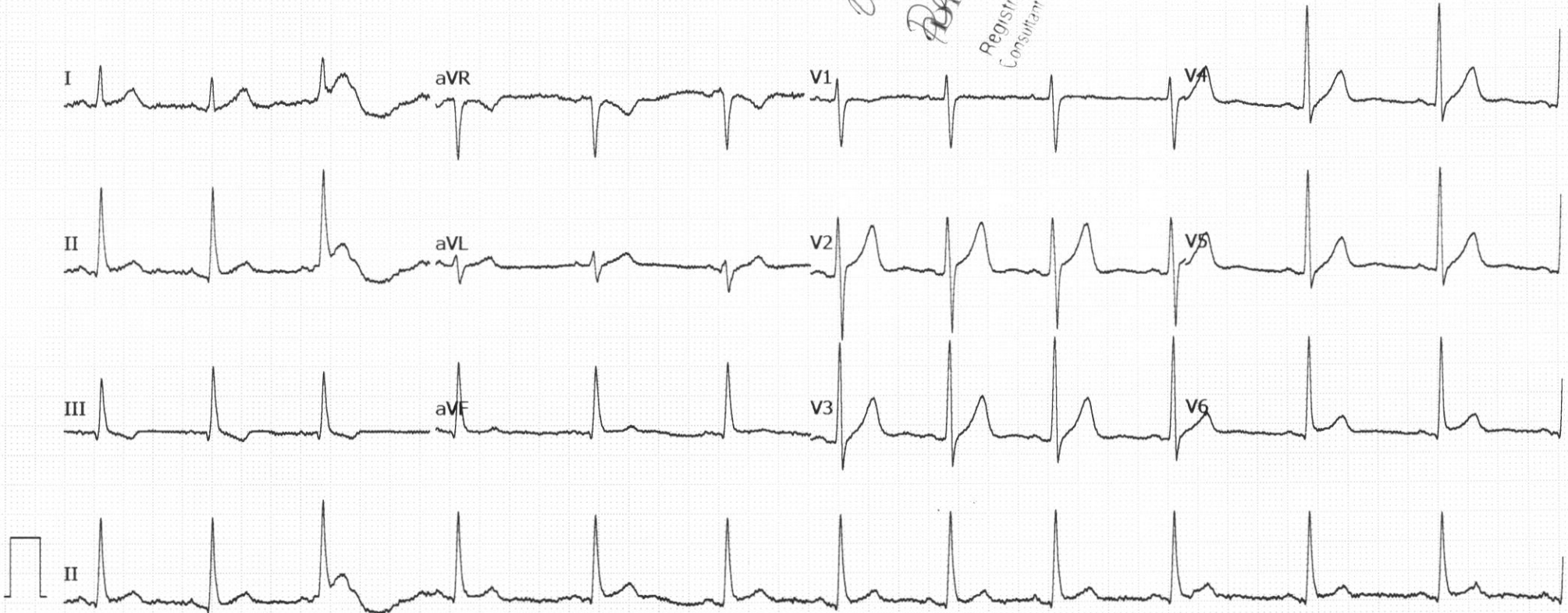
1947 help@uidai.gov.in www.uidai.gov.in

QRS : 82 ms
QT / QTcBaz : 354 / 392 ms
PR : 130 ms
P : 86 ms
RR / PP : 812 / 810 ms
P / QRS / T : 40 / 67 / 21 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten: 2021/12/11
Signature: R.K. Mittal
Stamp: R.K. Mittal
M.B.B.S. MD (Genest)
Registration No 17707 (PMC)
Consultant Physician & Chest Spec. -Hire





Vikramjeet Singh

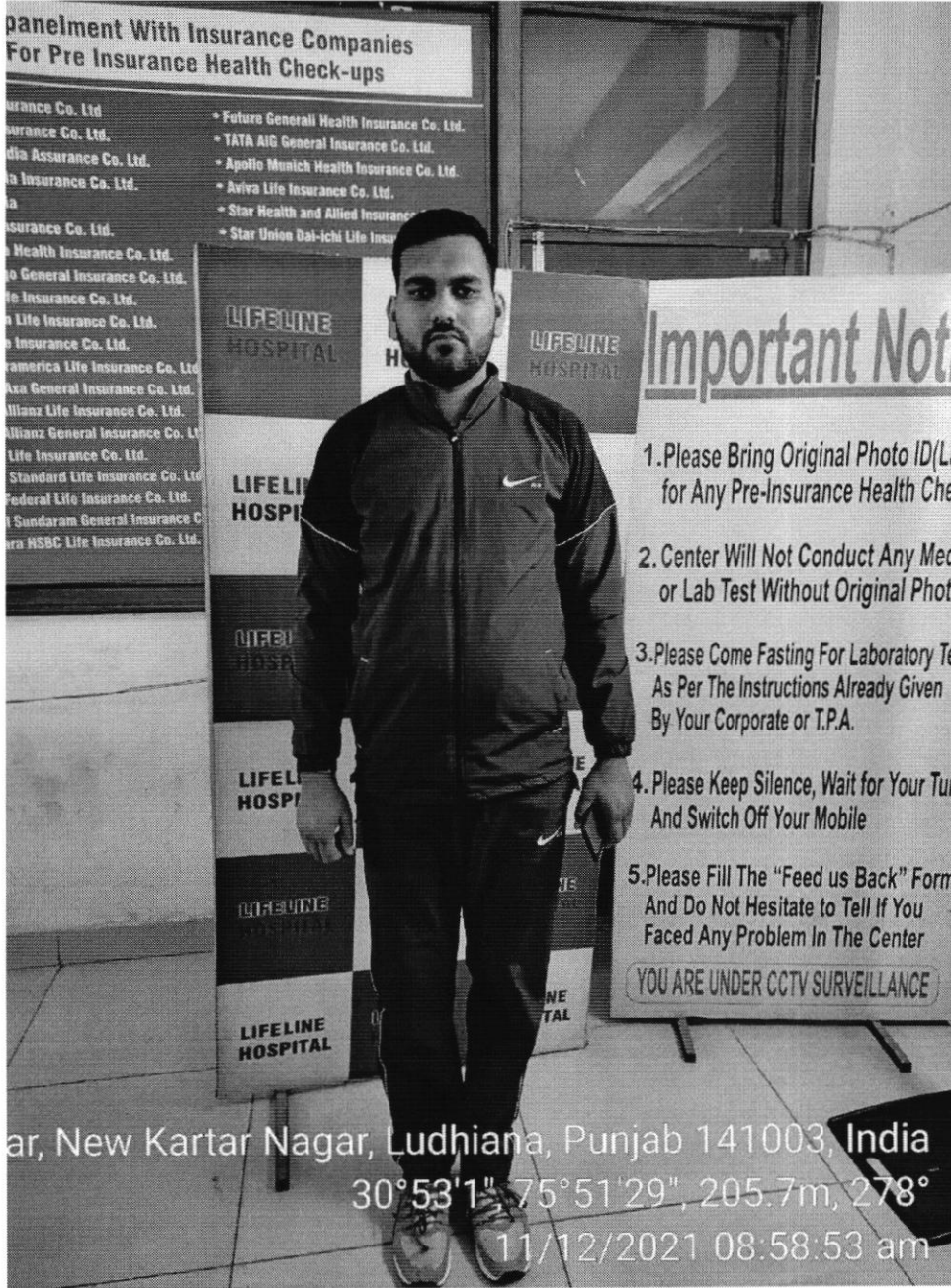
Dental checkup

DOE: Stains +

Porcelain 6 /
Crown

Adv. oral prophylaxis





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



ID.NO :- 1	Date : 11/12/2021
NAME :- VIKRAMJEET SINGH	AGE/SEX: 28/Y /MALE
REF BY:- BANK OF BARODA	

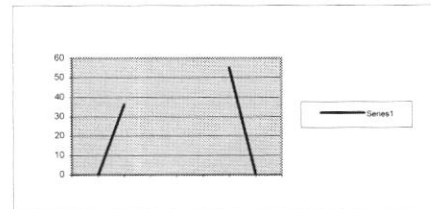
HAEMATOLOGY REPORT

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

LEUCOCYTES

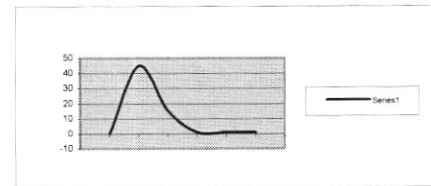
W.B.C	:	7.6	10 ³ /uL	4.0 - 11.0
LYM	:	36.4	%	20.0-45.0
MIXED	:	8.4	%	3.0 - 10.0
GRA	:	55.2	%	40.0-75.0

REFERENCE RANGE



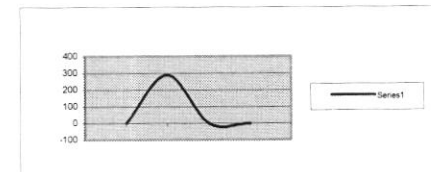
ERYTHROCYTES

R.B.C	:	5.03	10 ⁶ /uL	3.5-5.5
HB	:	14.0	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	42.1	%	26.0-50.0
MCV	:	83.7	fL	82.0-92.0
MCH	:	27.8	pg	27.0-32.0
MCHC	:	33.3	g/dL	32.0-36.0
RDW-SD	:	43.6	fL	37.0-52.0



THROMBOCYTES

PLT	:	291	10 ³ /uL	150 - 450
PDW	:	15.5	fL	9.0-17.0
MPV	:	11.6	fL	9.0-13.0
P-LCR	:	38.9	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 8 mm/1st Hr. 00 - 20

COMMENTS

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

NAME : VIKRAMJEET SINGH
AGE/SEX : 28Y/M
REF BY : BANK OF BARODA
DATE : 11.12.2021

BLOOD EXAMINATION REPORT

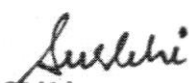
DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	74mg/dl
PPBS	70-140mg/dl	81mg/dl
UREA(BUN)	10-45mg/dl	28mg/dl
CREATININE	0.7-1.5mg/dl	0.85mg/dl
URIC ACID	3.0-7.2mg/dl	6.20mg/dl
BUN/SR.CREATININE RATIO	9:1-23:1 RATIO	32.9:0 RATIO
CHOLESTEROL	140-200 mg/dl	188mg/dl
TRIGLYCERIDES	60-160 mg/dl	130mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	117mg/dl
VLDL	20-40 mg/dl	26mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	4.1:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.6mg/dl

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

NAME : VIKRAMJEET SINGH
AGE/SEX : 28Y/M
REF BY : BANK OF BARODA
DATE : 11.12.2021

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
S.G.O.T.	5-50Units/L	39Unit/L
S.G.P.T	5-50Unit/L	32Unit/L
S.G.G.T	9-52Unit/L	21Unit/L
BILIRUBIN TOTAL	<1.2mg/dl.	0.85mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.64mg/dl
ALKALINE PHOSPHATASE	108-305Unit/L	195Unit/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
S.ALBUMIN	3.2-4.5mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0mg/dl	3.1mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.29:1gm/dl
AST/ALT RATIO	2:1 RATIO	1.22 RATIO


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



NAME : VIKRAMJEET SINGH
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DATE : 11.12.2021

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



NAME : VIKRAMJEET SINGH
AGE/SEX : 28Y/M
REF BY : BANK OF BARODA
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TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	125.6ng/ml	70-204 ng/ml
T4	6.08µg/dl	4.6-10.5 µg/dl
TSH	0.99µIU/ml	0.4-4.2µIU/ml

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



NAME : VIKRAMJEET SINGH
AGE/SEX : 28Y/M
REF BY : BANK OF BARODA
DATE : 11.12.2021

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.42	%

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:- 1. This report is not valid for medico legal purposes.

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



NAME : VIKRAMJEET SINGH
AGE/SEX : 28Y/M
REF BY : BANK OF BARODA
DATE : 11.12.2021

URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	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	NIL
PUS CELLS	2-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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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



NAME: VIKRAMJEET SINGH

AGE/SEX: 28Y/M

REF. BY: BANK OF BARODA

DATE: 11/12/2021

EYE CHECK UP

Vision Test

6/6 Right Eye: - SPH	CYL	AX
-2.00	-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 : VIKRAMJEET SINGH

Age/Sex : 28Y/M

Date : 11/12/2021

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



MAGNUS DIAGNOSTIC & INTERVENTION CENTRE

PRIVATE LIMITED

Dr. Gurneet Singh Chhina

M.D. Radiodiagnosis (PGI)
Regd. No. : 25514

H.No. 170, Mall Enclave, Dr. Likhi Road, LUDHIANA - 141 001

Tel.: +91-161-5051155, 5094050 (M) **98155-42133**

E-mail : drgurneet@hotmail.com

VIKRAMJEET SINGH 28M. DR. R.S. MAHESWARI. SATURDAY, 11 DECEMBER 2021.

REAL TIME ULTRA SONOGRAPHY OF THE WHOLE ABDOMEN.

LIVER is normal in size, shape and echotexture. Intra hepatic biliary structures are normal. No area of abnormal echotexture seen in the hepatic parenchyma. Hepatic veins, portal vein, splenoportal axis and splenic vein are normal. Hepatic contours are normal.

GALL BLADDER is normally distended. No evidence of any intra luminal lesion seen. wall thickness is normal. No pericholecystic collection seen. No evidence of GB stones seen.

BOTH KIDNEYS are normal in size, shape and echo-texture. Parenchyma thickness at the poles and inter polar region is normal. Cortico-medullary differentiation is well maintained. Cortical thickness at the poles and interpolar regions are normal.

PANCREAS displays normal sonographic morphology. Peripancreatic fat planes are normal. MPD is not dilated.

SPLEEN is normal in shape, size and displays normal sonographic pattern. Splenic vein and perisplenic area is normal.

RETROPERITONEUM No free fluid seen in the abdomen. No evidence of any obvious lymphadenopathy seen in the para aortic or upper retroperitoneal regions. Aorta, IVC and other vascular structures are unremarkable.

URINARY BLADDER Is well distended. Wall thickness is within normal limits

PROSTATE Is normal in shape, size and outline. Periprostatic fat planes are normal. Prostatic capsule is normal.

IMPRESSION - NORMAL STUDY.

DR. GURNEET SINGH CHHINA.

M.D. RADIODIAGNOSIS. (PGIMER)

CONSULTANT RADIOLOGIST.

REG NO -25514