

❖ 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 logdip chand Age & Sex 33/M Date of MER 8/10/22
 Identification Mark NIL ID Proof VTD Card
 Ht 157 Wt 73 Chest Exp/Insp 95/100 Abd 96cm PR 85 BP 116/81

Any Operation NO

Any Medicine Taken NO

Any Accident NO

Alcohol/Tabacco/Drugs Consumption Beer Duration Occasionally

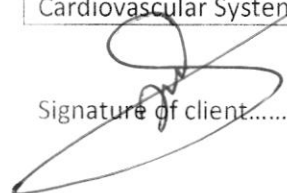
Qty 1 from 10 years

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 

Signature of Doctor D.R.S. Maheshwari
 M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.
 Consultant Physician & Child Specialist
 Seal of Centre LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No 34370



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 Mediwha vide Proposal Form bearing no 118842 dated 08/10/22

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 | <i>Stool Sample refused by client.</i> | |
| a. Blood | Yes <input 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 type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others | <u>- USG, CXR, U/D</u> | |

I have furnished my ID Proof U/D bearing ID No. 688626021000 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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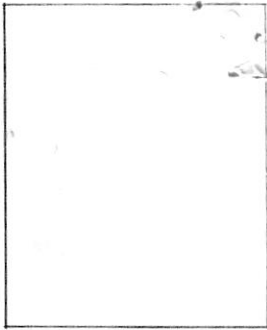
(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- 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) 	Signature of Visiting/Attending Doctor
Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>08/10/22</u>)	Name of Visiting/Attending Doctor MC Registration No: <u>34970</u>
	Doctor Stamp with date <u>08/10/2022</u>

Dr. Ravi Maheshwari
 M.B.B.S. M.D. (Ped) F.C.M.S. (Ex.) M.I.A.P
 Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 HILL ROAD, LUDHIANA - 141003
 Registration No 24070

Self Declaration & Special COVID-19 Consent



Date: 08/10/2022

Day: October

Time:

Patient's Name/Client Name

Jagdish Chander

Age: 33 yrs

Sex: male

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

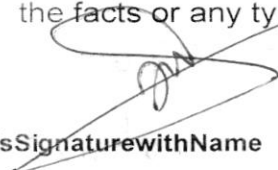
6) Are you suffering from any following diseases? Diabetes/Hypertension/Lung Disease/Heart Disease Yes/No

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


Patient's Signature with Name

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

भारत सरकार
Government of India

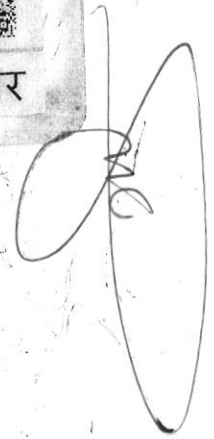
जगदीश चंद्र
Jagdish Chander
जन्म तिथि / DOB : 17/03/1989
पुरुष / Male

6886 2602 1000

आधार - आम आदमी का अधिकार



DR. R. S. Maheshwari
M.B.S. (P) Paed. C.M.S. (Ex) M.A.P
Consultant, Pediatric & Child Specialist
LIFE LINE HOSPITAL
GLD ROAD, LUDHIANA-141003
Registration No. 34370







ID.NO :- 10	Date : 08/10/2022
NAME :- JAGDISH CHANDER	AGE/SEX: 33/Y /MALE
REF BY:- MEDI WHEEL	

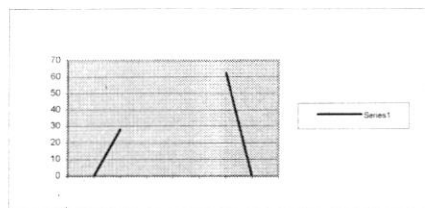
HAEMATOLOGY REPORT

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

LEUCOCYTES

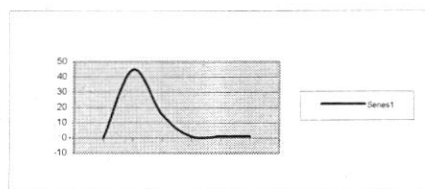
W.B.C	:	7.0	10 ³ /uL	4.0 - 11.0
LYM	:	28.1	%	20.0-45.0
MIXED	:	9.3	%	3.0 - 10.0
GRA	:	62.6	%	40.0-75.0

REFERENCE RANGE



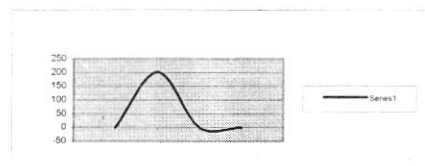
ERYTHROCYTES

R.B.C	:	4.59	10 ⁶ /uL	3.5-5.5
HB	:	13.1	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	41.8	%	26.0-50.0
MCV	:	91.1	fL	82.0-92.0
MCH	:	28.5	pg	27.0-32.0
MCHC	:	31.3	g/dL	32.0-36.0
RDW-SD	:	52.6	fL	37.0-52.0



THROMBOCYTES

PLT	:	202	10 ³ /uL	150 - 450
PDW	:	14.5	fL	9.0-17.0
MPV	:	10.9	fL	9.0-13.0
P-LCR	:	32.4	%	15.0 - 45.0



BLOOD GROUP "AB" POSITIVE

E.S.R (Westgrn) 16 mm/1st Hr. 00 - 20

COMMENTS

Surbhi

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

NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
DATE : 08.10.2022

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	91mg/dl
PPBS	70-140mg/dl	105mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.79mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.20mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.59mg/dl
S.G.O.T.	5-50Units/L	31Units/L
S.G.P.T.	5-50 Units/L	36Units/L
GAMMA GT	9-52 Units/L	28Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1gm/dl
ALK. PHOSPHATASE	108-305 Units/L	228Units/L
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.87mg/dl
URIC ACID	3.0-6.2mg/dl	5.90mg/dl
CHOLESTEROL	140-200mg/dl	206mg/dl
TRIGLYCRIDE	60-160mg/dl	264mg/dl
CHOLESTEROL HDL	35-60 mg/dl	41mg/dl
CHOLESTEROL LDL	60-150 mg/dl	113mg/dl
VLDL	20-40 mg/dl	52mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.7mg/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.

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



NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
DATE : 08.10.2022

<u>TEST NAME</u>	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	0.58	ng/ml

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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4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

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

NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
DATE : 08.10.2022

GLYCOSYLATED (HbA1C)

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.39	%

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:-

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Reg. No. 40195



NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
DATE : 08.10.2022

URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	CLEAR
SECIFIC GRAVITY	1.015
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
BILE SALTS	NIL
BILE PIGMENTS	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	0-1/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL
AMOURPHUS URATE	NIL

Recommendation:-

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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. (PATHOLOGIST)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
DATE : 08.10.2022

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*Recommendation:-

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Surbhi

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



NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
REF BY : MEDI WHEEL
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TEST ASKED : -T3,T4,TSH

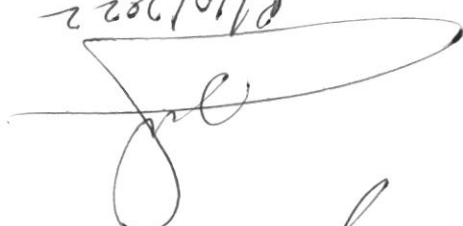
<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.043ng/ml	035-1.93 ng/ml
T4	6.79µg/dl	4.87-12.60 µg/dl
TSH	4.137 µIU/ml	0.35-5.50µIU/ml

Recommendation:-

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CONSULTANT PATHOLOGIST
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Dr. Maheshwari
M.B.S. M.D. (Paed) P.O.M.S. (Ex. In. S)
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 24870

8/10/2022


Jagdish Chander

Thank you

I am Jagdish Chander hereby request
you that, I am not comfortable to share
the stool sample with the local hospital.

Sr,

Sub & Refusal of stool sample.

Ludhian

Gill Road

The Life Line Hospital

70





NAME : JAGDISH CHANDER
AGE/SEX : 33Y/M
DATE : 8/10/2022

X-RAY CHEST P.A. VIEW

Trachea is central.

Both domes of the diaphragm are normally out lined.

Both lung fields are normal.

Cardiac shadow is within normal limits.

Both C.P. angles are normal.

Haziness & Infiltration in B/L Lungs

PLEASE CORRELATE CLINICALLY.

Dr R.K. Mittal
MBBS MD (Med)
Registration No 17707 (PMC)
Consultant Physician & Chest Specialist
R. Mittal
DR. R.K.MITTAL
M.B.B.S, MD

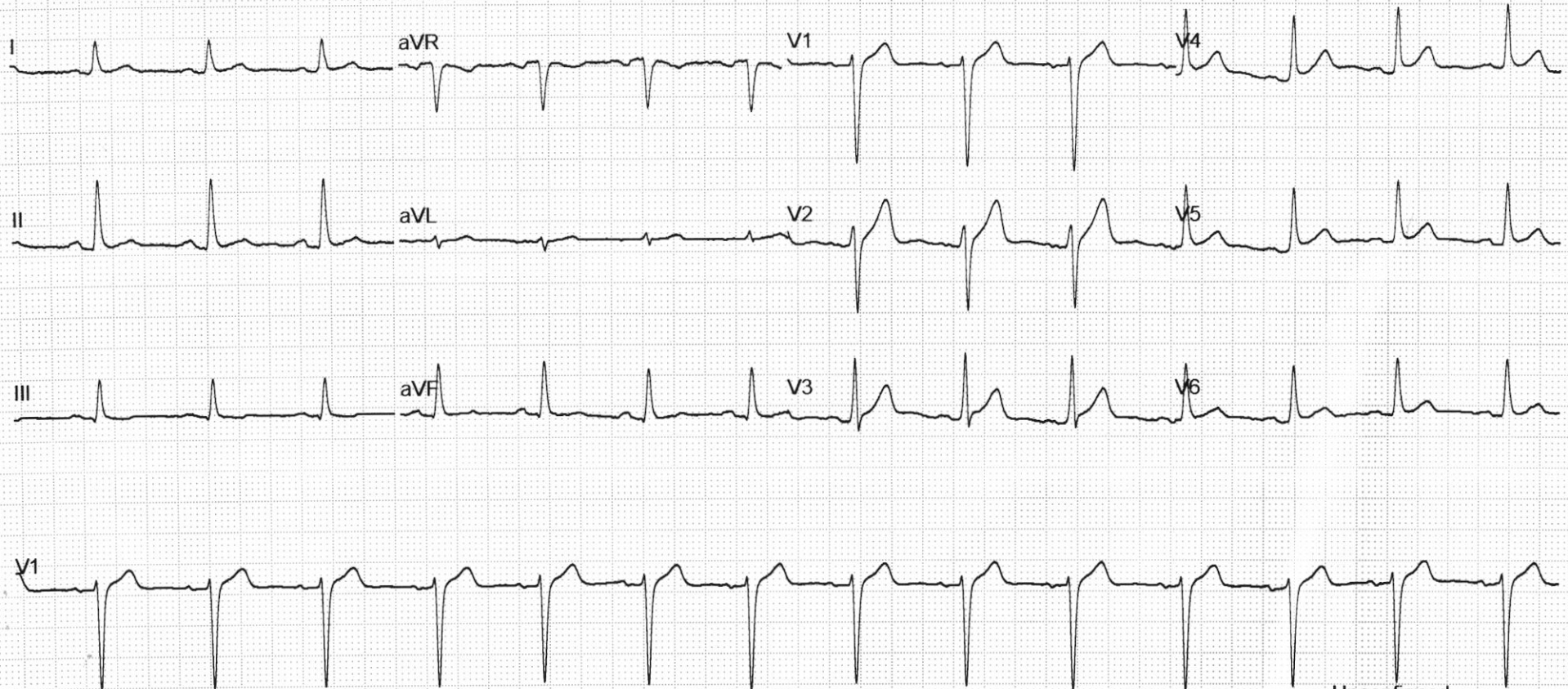
QRS : 80 ms
QT / QTcBaz : 320 / 382 ms
PR : 150 ms
P : 96 ms
RR / PP : 700 / 697 ms
P / QRS / T : 61 / 61 / 34 degrees

Normal sinus rhythm
Normal ECG

LBAC

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten notes and signatures:
Dr. [Signature]
[Signature]
[Signature]



Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
ENTRY LEVEL



NAME: JAGDISH CHANDER

AGE/SEX: 33Y/M

HEIGHT: 157 cms

WEIGHT: 73 kgs

B.P: 116/81mmHg

PULSE: 85BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- ENT - N.A.D.
- Skin Examination - N.A.D.
- Hearing Examination - N.A.D.
- Dental Examination - Good Oral Hygiene.

Dr. R.S. Maheshwari
M.B.B.S., M.D. (Ped) P.C.M.S. (Ex. Imp.)
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Dr. R.S. Maheshwari
M.B.B.S., M.D.



NAME: -JAGDISH CHANDER

AGE/SEX: 33Y/M

REF. BY: - MEDI WHEEL

DATE: -8.10.2022

EYE CHECK UP

Vision Test:-

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

EYESIGHT: NORMAL

Color vision (Ishihara's Chart)

Color vision: Normal

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





Patient's Name : JAGDISH CHANDER

DATE : 08/10/2022

Age/Sex : 33 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 abscess. 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 & 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.

No free fluid seen in peritoneal cavity

IMPRESSION: NORMAL U.S.G.

Dr. R.S. Maheshwari

M.B.B.S. M.D (Pead)

DR.R.S. MAHESHWARI
ULTRASONOLOGIST

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

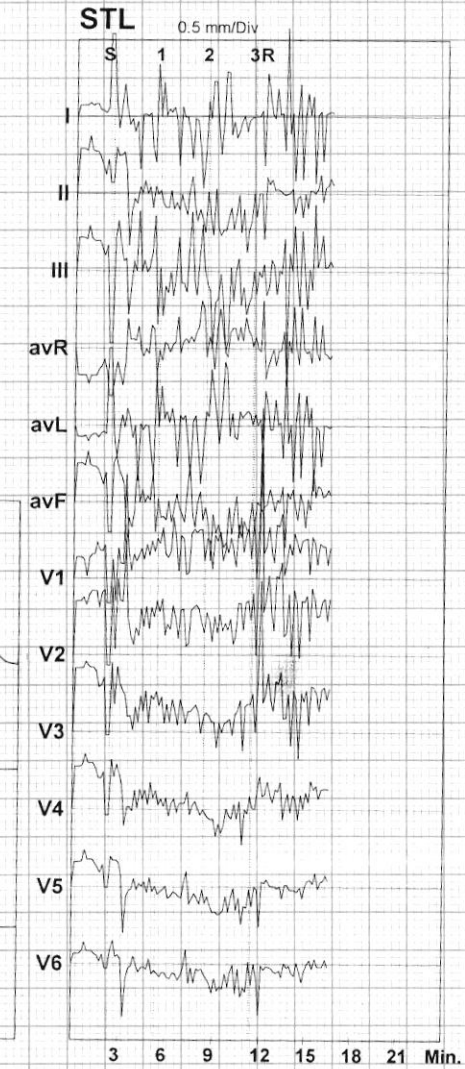
Reg No DAA/LDH/11/346



Protocol : BRUCE

History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	93	120/80	111	-	
Standing					1.0	96	120/80	115	-	
HV					1.0	91	120/80	109	-	
ExStart					1.0	97	120/80	116	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	129	126/82	162	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	144	130/90	187	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	165	138/96	227	-	
PeakEx	0:05	9:06	4.2	16.0	10.3	167	138/96	230	-	
Recovery	1:00		0.0	0.0	4.3	133	136/94	180	-	
Recovery	3:00		0.0	0.0	1.0	115	132/88	151	-	
Recovery	5:00		0.0	0.0	1.0	108	128/84	138	-	



Findings :

Exercise Time :09:06
 Max HR Attained :167 bpm 89% of Max Predictable HR 187
 Max BP : 138/96(mmHg)
 Max WorkLoad attained :10.3(Good Effort Tolerance)

GMT negative for ischemia

Advice/Comments:

Dr. Ravi Kant Singla
 M.B.B.S., M.D.,
 Medical Specialist
 Ex-Registrar CMC, LDH.

ST Summary



Protocol : BRUCE

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL (mm) 100 mSecs Post J	Supine	0.7	2.9	2.2	-1.7	-0.8	2.5	1.4	3.5	4.2	2.7	1.6	0.7
	Standing	0.7	2.8	2.0	-1.7	-0.7	2.4	1.2	3.8	4.2	2.9	1.7	0.8
	HV	0.8	2.7	1.9	-1.8	-0.5	2.3	1.6	4.2	4.2	3.0	1.8	0.8
	ExStart	5.4	0.7	-4.7	-3.1	5.0	-2.0	-1.6	-0.7	-0.2	-0.4	-0.1	-0.3
	Stage 1	0.0	0.2	0.2	-0.1	-0.1	0.2	2.6	3.5	2.6	1.2	0.1	-0.4
	Stage 2	1.0	0.1	-0.8	-0.5	0.9	-0.3	1.2	1.5	1.0	0.0	-0.2	-0.3
	Stage 3	0.0	0.0	0.0	0.1	0.0	0.0	1.3	2.3	1.8	0.9	-0.2	0.1
	PeakEx	0.0	0.0	0.0	0.1	0.0	0.0	1.3	2.3	1.8	0.9	-0.2	0.1
	Recovery	1.6	0.6	-1.0	-1.1	1.3	-0.2	2.1	3.7	2.4	1.0	0.2	-0.4
	Recovery	2.1	-0.1	-2.2	-1.0	2.2	-1.2	2.3	3.4	2.1	0.6	-0.2	-0.8
	Recovery	0.3	1.0	0.7	-0.7	-0.1	0.8	0.9	2.2	2.1	1.4	0.8	0.3
	STS mV/Sec.	Supine	0.6	2.1	1.6	-1.3	-0.5	1.9	1.0	2.8	3.2	2.1	1.1
Standing		0.6	2.1	1.4	-1.3	-0.4	1.8	0.9	3.2	3.3	2.3	1.3	0.6
HV		0.6	2.0	1.4	-1.3	-0.4	1.7	1.2	3.3	3.3	2.3	1.3	0.5
ExStart		2.5	0.5	-2.1	-1.5	2.3	-0.8	-0.5	0.3	0.2	-0.1	0.0	-0.2
Stage 1		-0.1	0.3	0.3	-0.1	-0.2	0.3	2.1	3.3	2.4	1.1	0.3	-0.4
Stage 2		0.8	0.6	-0.2	-0.7	0.5	0.2	1.0	1.4	1.0	0.3	0.2	-0.2
Stage 3		0.6	1.9	1.4	-1.2	-0.4	1.6	0.1	2.4	3.3	2.5	1.2	1.2
PeakEx		0.6	1.9	1.4	-1.2	-0.4	1.6	0.1	2.4	3.3	2.5	1.2	1.2
Recovery		1.2	1.7	0.5	-1.4	0.4	1.1	1.7	3.9	2.9	1.7	0.9	0.3
Recovery		1.1	0.2	-0.9	-0.7	1.0	-0.4	2.1	3.5	2.1	0.8	0.0	-0.5
Recovery		0.4	1.1	0.7	-0.7	-0.1	0.9	0.6	1.8	1.6	1.2	0.8	0.4

STI on Next Page

STI	μVs	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
	Supine	3.3	15.1	11.8	-8.8	-4.4	13.4	6.7	17.0	21.4	14.1	8.5	3.6
	Standing	3.3	14.4	11.1	-8.7	-3.9	12.7	6.3	18.0	21.0	14.6	8.5	4.4
	HV	4.1	14.7	10.7	-9.3	-3.4	12.7	8.2	20.7	21.7	15.4	9.3	4.7
	ExStart	34.6	4.3	-30.1	-19.5	32.3	-12.8	-11.9	-6.6	-2.4	-3.2	-0.5	-1.8
	Stage 1	0.5	2.5	2.0	-1.4	-0.8	2.3	12.7	17.0	14.7	7.1	0.5	-2.1
	Stage 2	4.4	-1.4	-5.8	-1.5	5.2	-3.4	6.0	6.9	5.4	-0.6	-1.9	-2.4
	Stage 3	-3.8	-13.3	-9.6	8.7	3.1	-11.5	17.4	14.1	2.9	-5.4	-9.5	-4.2
	PeakEx	-3.8	-13.3	-9.6	8.7	3.1	-11.5	17.4	14.1	2.9	-5.4	-9.5	-4.2
	Recovery	8.5	-2.8	-11.2	-2.8	10.0	-6.9	11.5	14.5	8.2	0.3	-3.1	-5.2
	Recovery	13.0	-1.4	-14.5	-5.9	13.8	-8.0	9.7	13.1	9.3	2.0	-1.9	-4.5
	Recovery	1.9	6.9	5.0	-4.3	-1.5	5.9	1.1	8.9	12.4	8.0	4.7	2.1

A handwritten signature or scribble is present in the center of the grid, consisting of several overlapping loops and lines.

LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 93 bpm
 METS: 1.0
 BP: 120/80

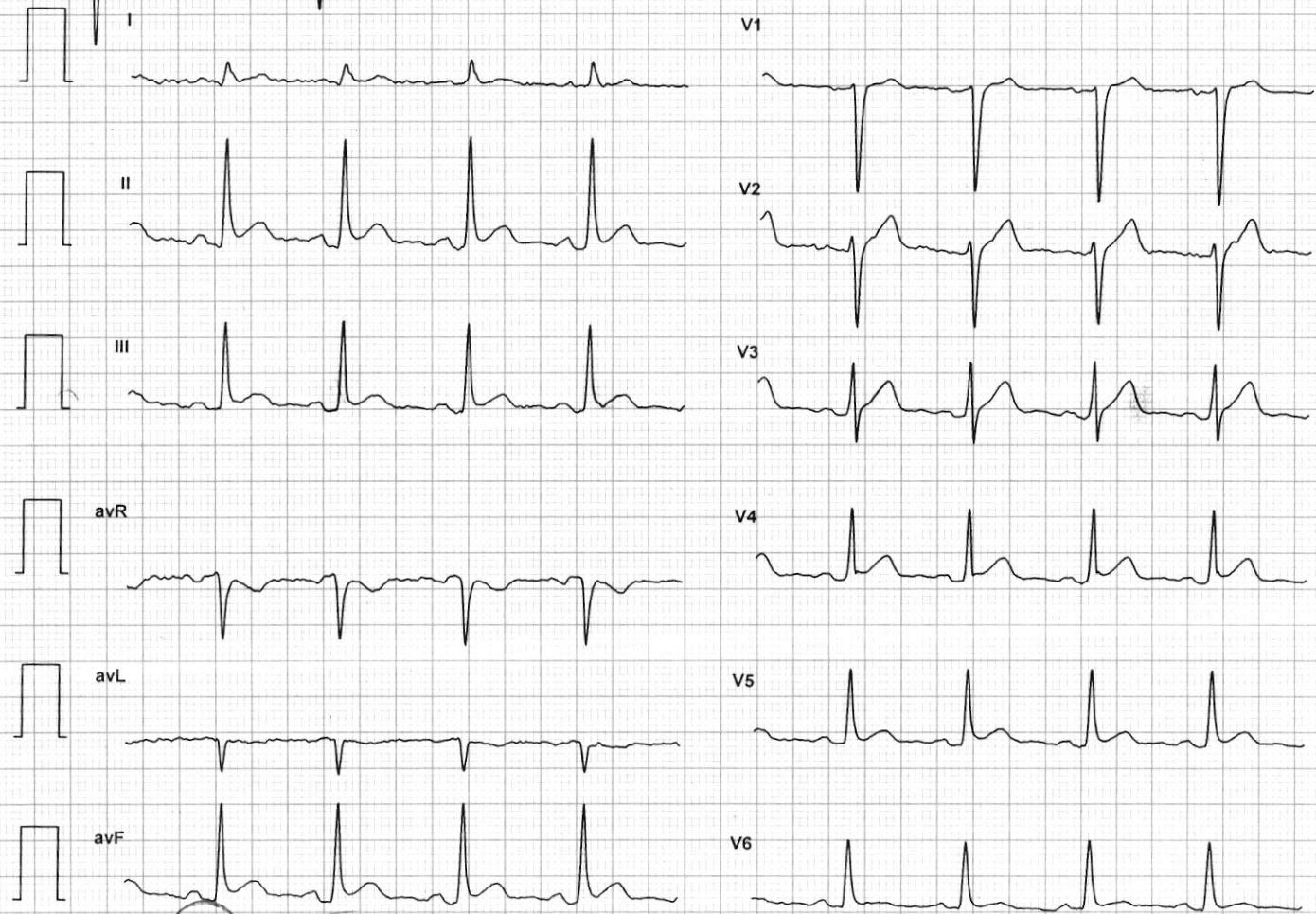
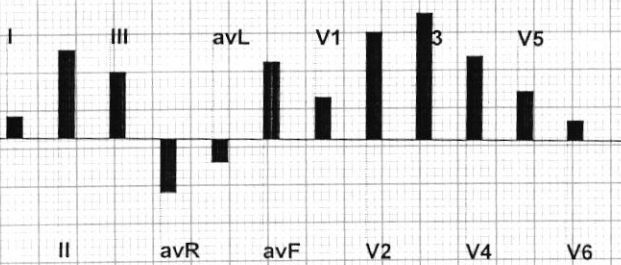
MpHR: 49% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:33
 BLC :On
 Notch :On

Supine
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 96 bpm
 METS: 1.0
 BP: 120/80

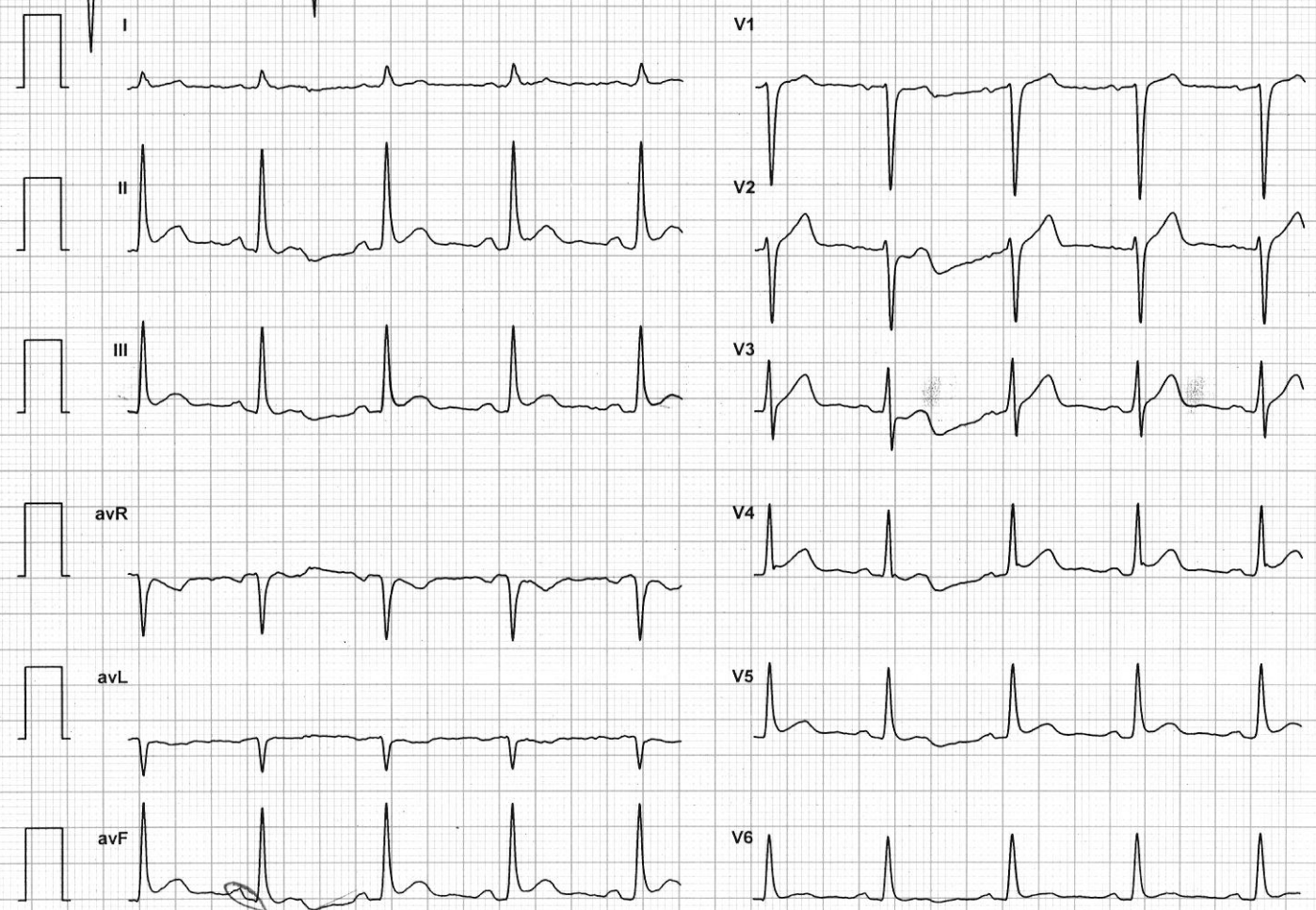
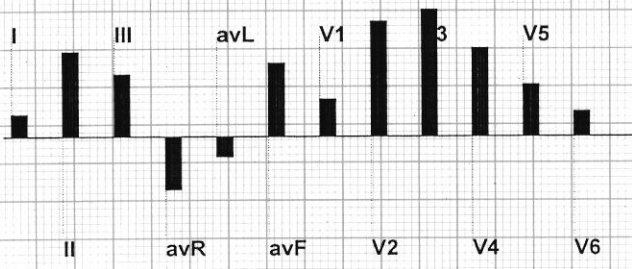
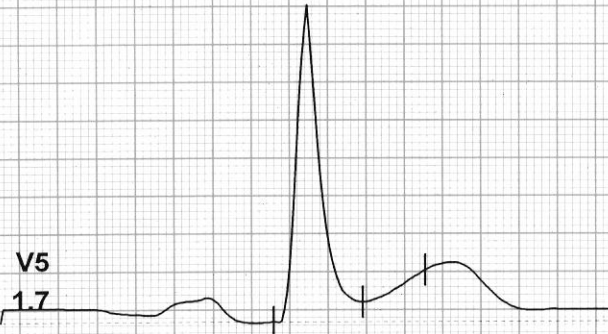
MPHR: 51% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:47
 BLC :On
 Notch :On

Standing
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median

HR: 91 bpm
 METS: 1.0
 BP: 120/80

MPHR: 48% of 187
 Speed: 0.0 mph
 Grade: 0.0%

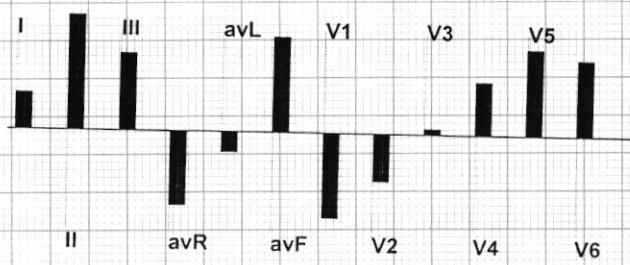
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:31
 BLC :On
 Notch :On

HV
 10.0 mm/mV
 25 mm/Sec.



4X 80 mS Post J



LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 97 bpm
 METS: 1.0
 BP: 120/80

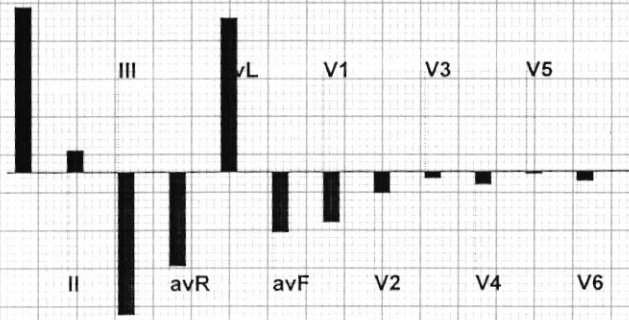
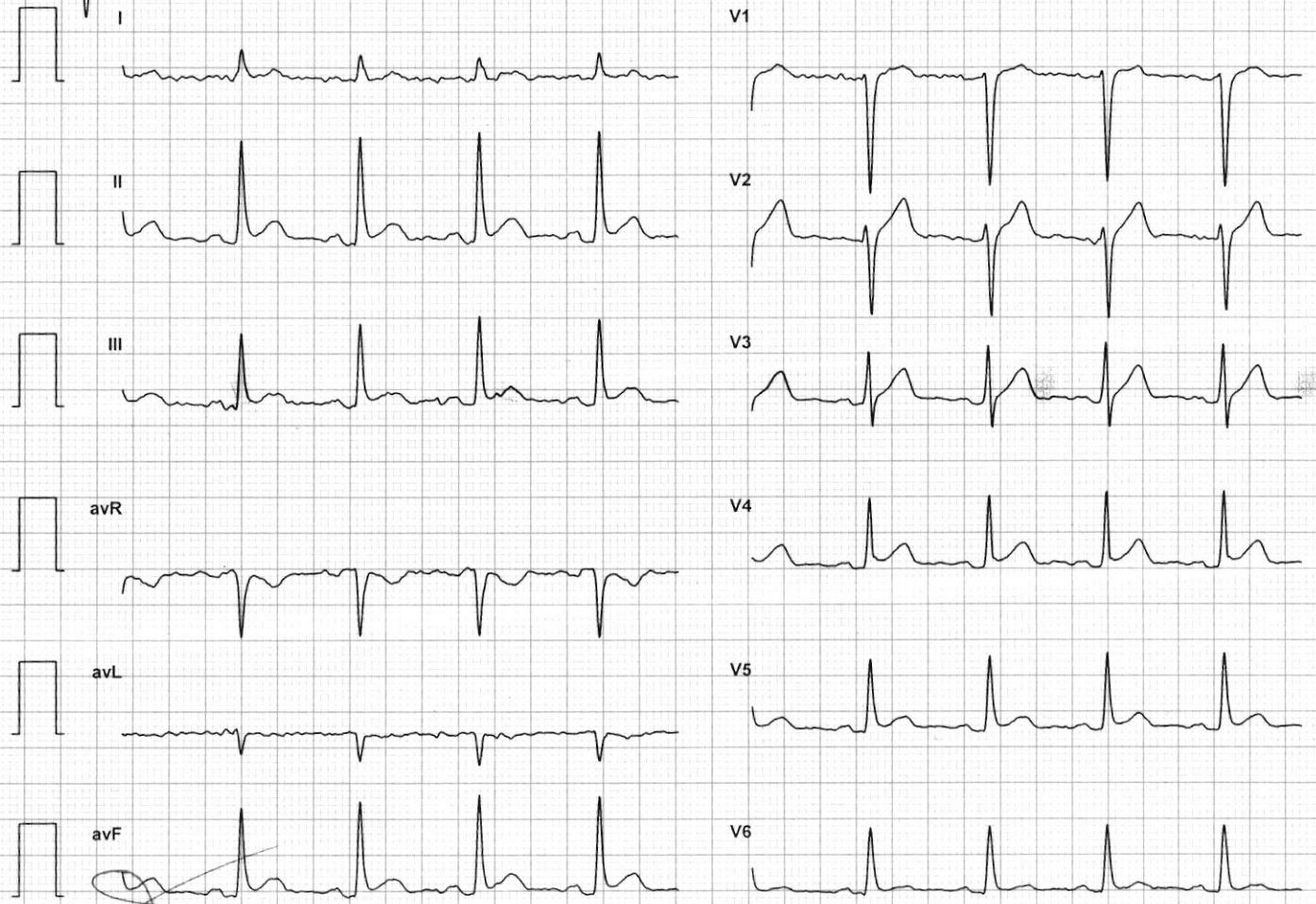
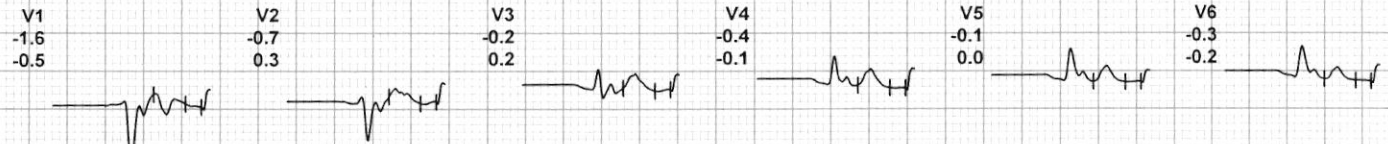
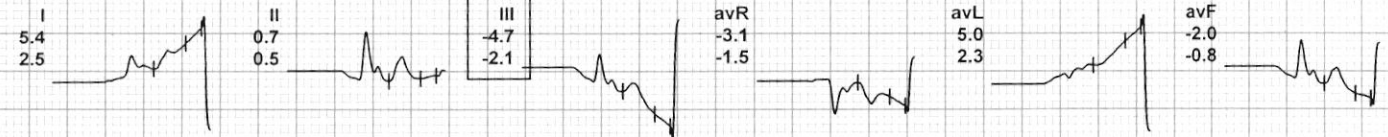
MPHR: 51% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:21
 BLC :On
 Notch :On

ExStart
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



Handwritten signature

LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median

HR: 184 bpm
 METS: 4.7
 BP: 126/82

MPHR: 98% of 187
 Speed: 1.7 mph
 Grade: 10.0%

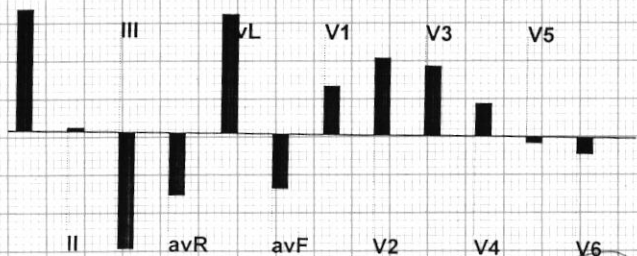
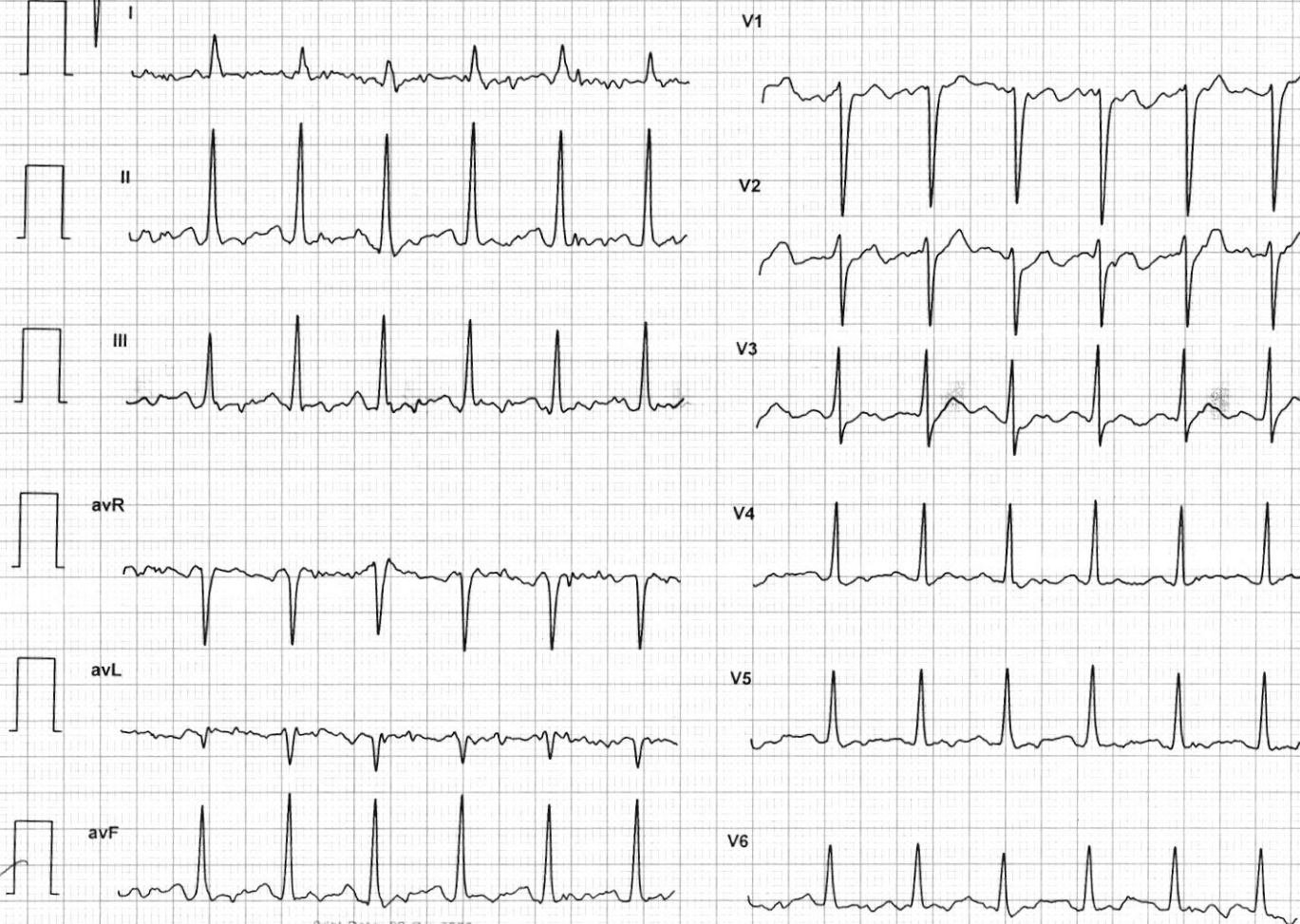
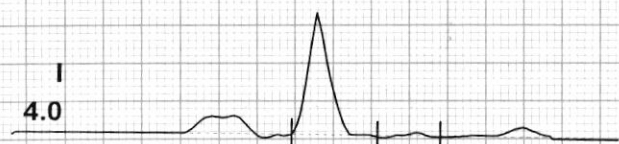
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:59
 BLC :On
 Notch :On

Stage 1 (03:00)
 10.0 mm/mV
 25 mm/Sec.



4X 80 mS Post J



LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 144 bpm
 METS: 7.1
 BP: 130/90

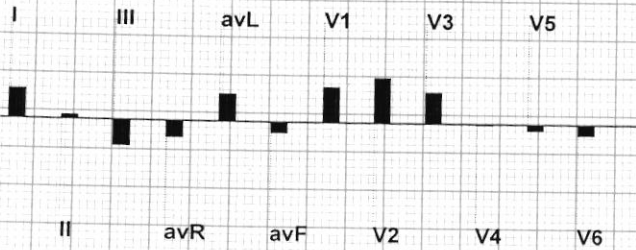
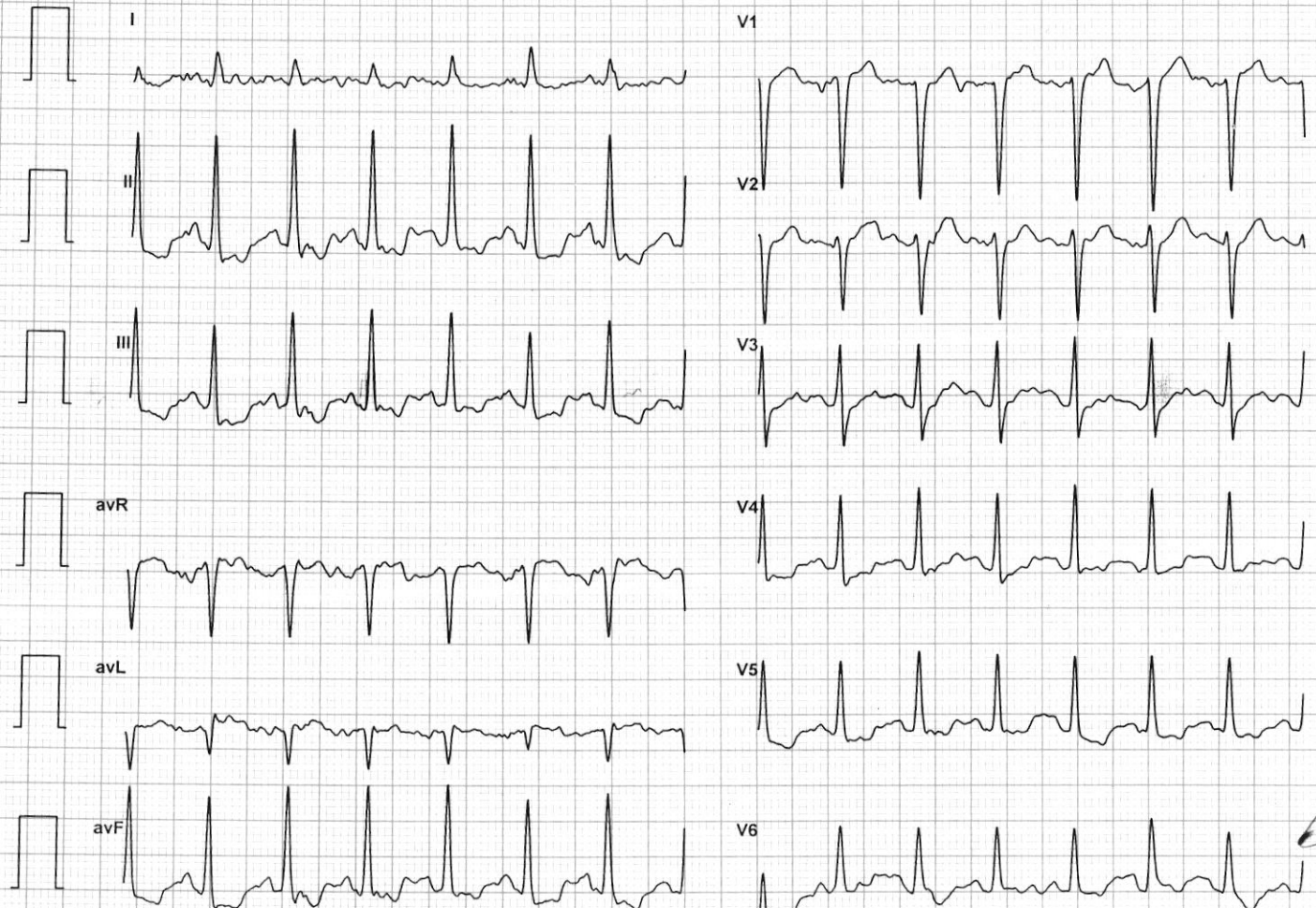
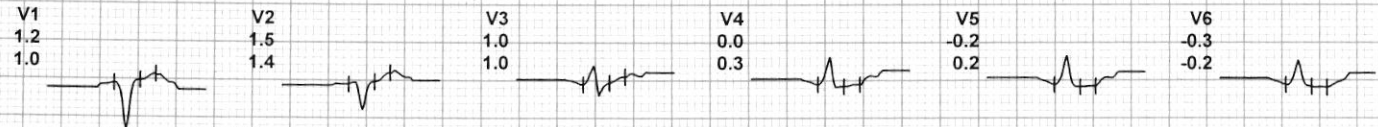
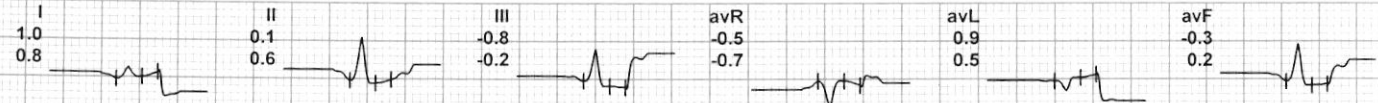
MPHR: 77% of 187
 Speed: 2.5 mph
 Grade: 12.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 06:00
 BLC :On
 Notch :On

BRUCE: Stage 2 (3:00)
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



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LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 165 bpm
 METS: 10.2
 BP: 138/96

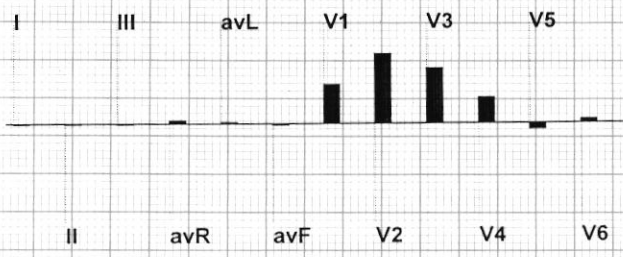
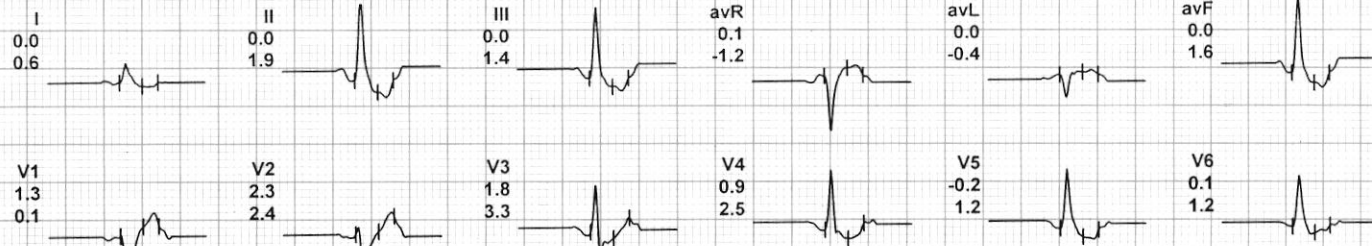
MPHR: 88% of 187
 Speed: 3.4 mph
 Grade: 14.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 09:00
 BLC :On
 Notch :On

BRUCE: Stage 3(3:00)
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



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LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 167 bpm
 METS: 10.3
 BP: 138/96

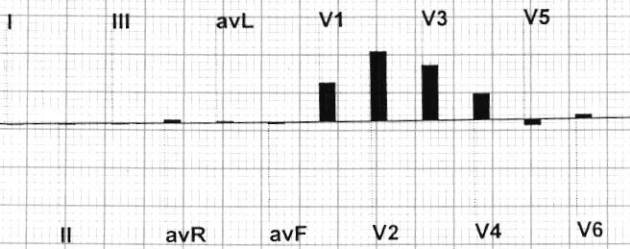
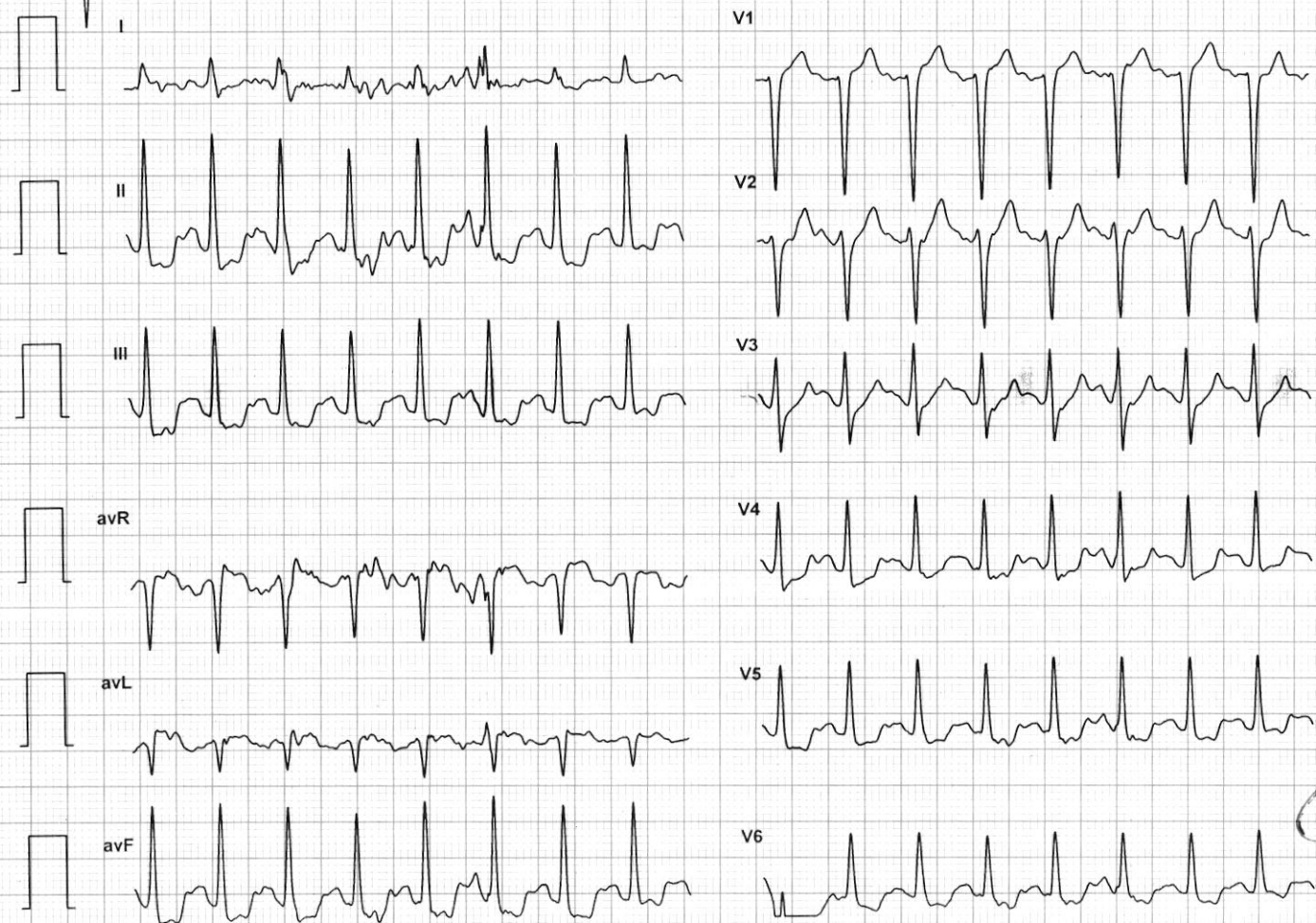
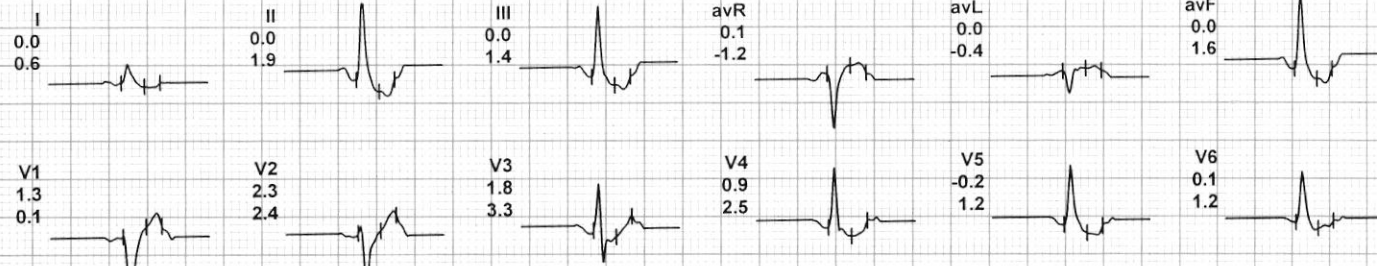
MPHR: 89% of 187
 Speed: 4.2 mph
 Grade: 16.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 09:05
 BLC :On
 Notch :On

BRUCE:PeakEx(0:05)
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



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LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 133 bpm
 METS: 4.3
 BP: 136/94

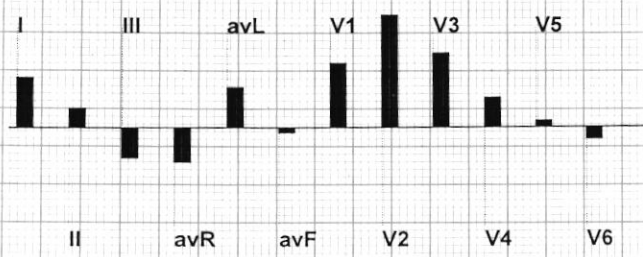
MPHR: 71% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 09:06
 BLC :On
 Notch :On

Recovery(1:00)
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



me

LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 107 bpm
 METS: 1.0
 BP: 132/88

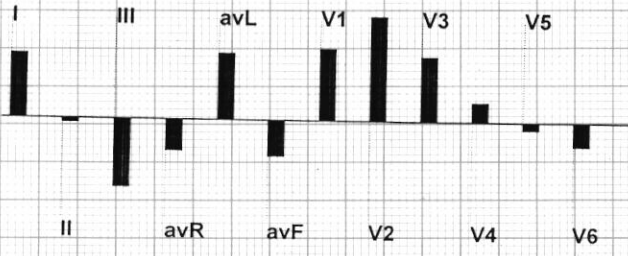
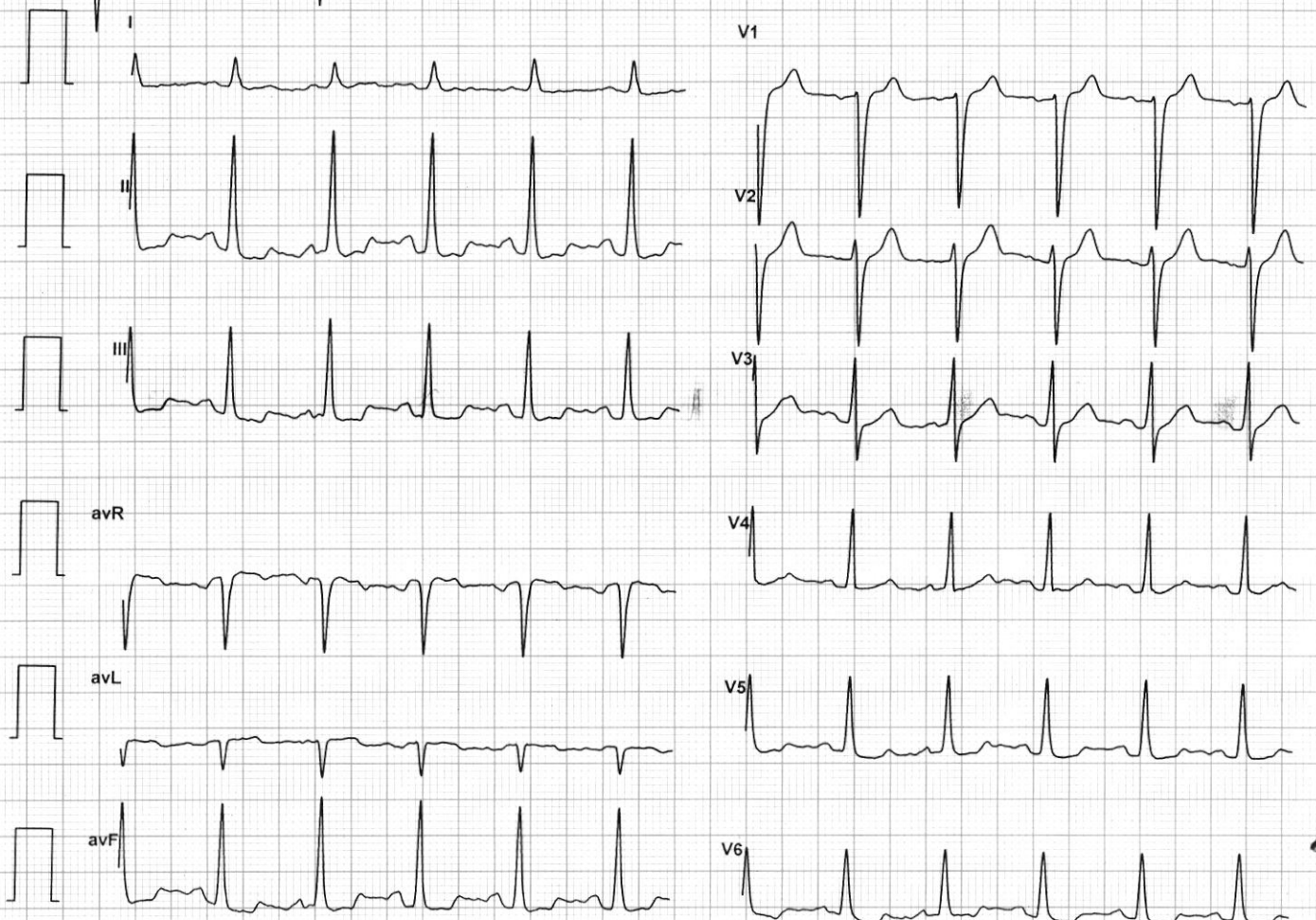
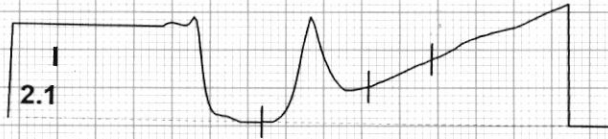
MPHR: 57% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 09:05
 BLC :On
 Notch :On

Recovery : (03:00)
 10.0 mm/mV
 25 mm/Sec.

4X 80 mS Post J



[Handwritten signature]

LIFELINE HOSPITAL
 GILL ROAD, LUDHIANA
 464481/JAGDISH CHANDER
 33 Yrs/Male
 73 Kg/157 Cms
 Date: 08-Oct-2022 12:43:47 PM

12 Lead + Median



HR: 108 bpm
 METS: 1.0
 BP: 128/84

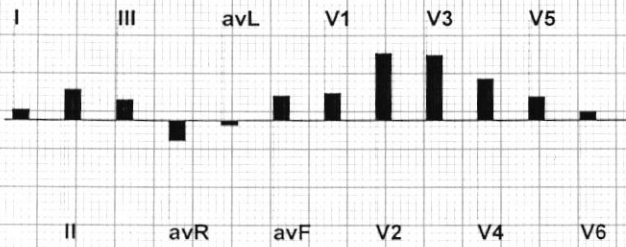
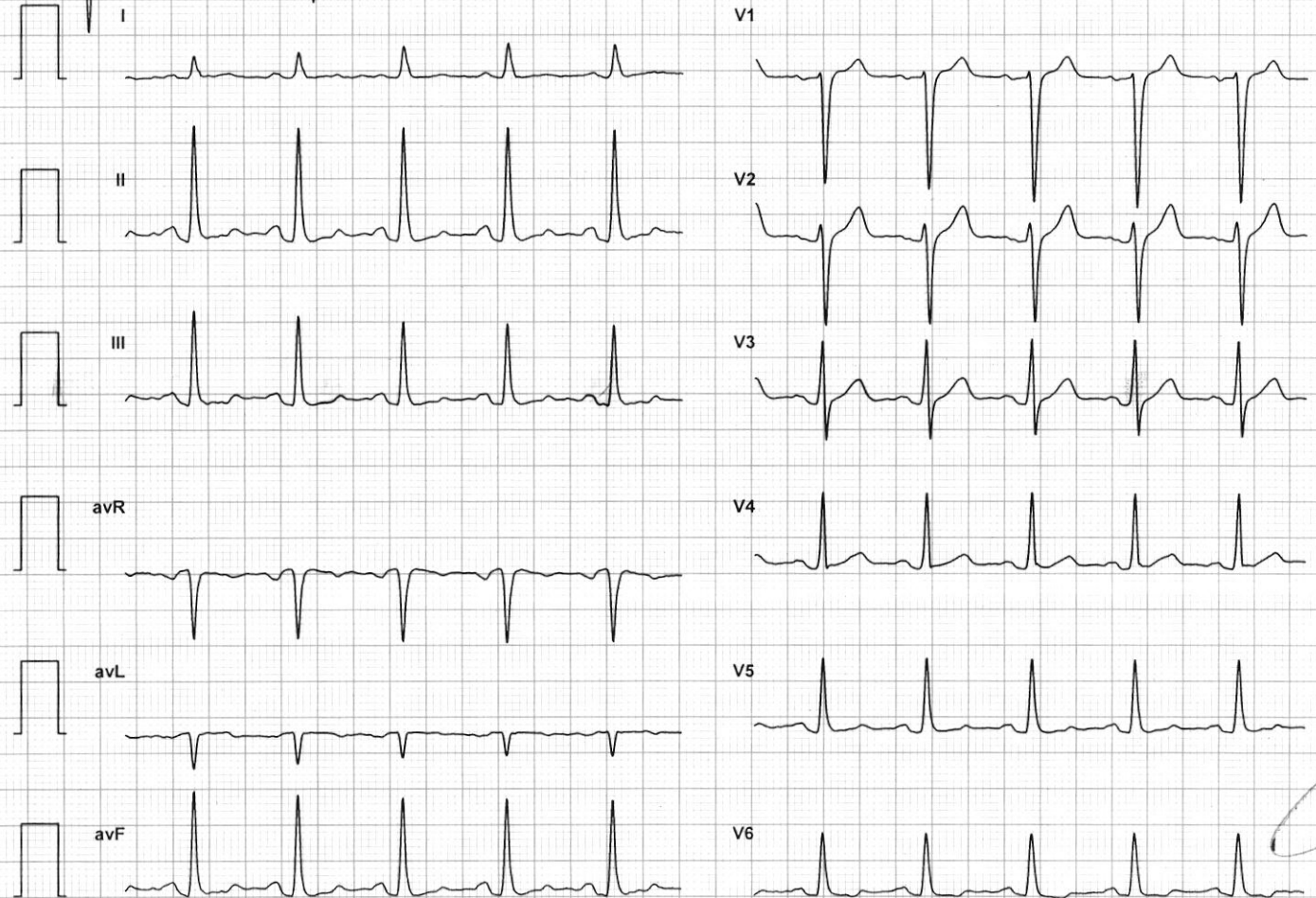
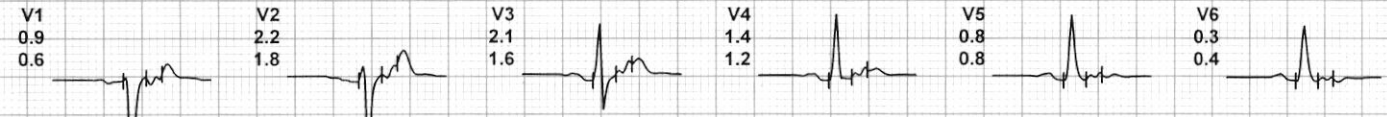
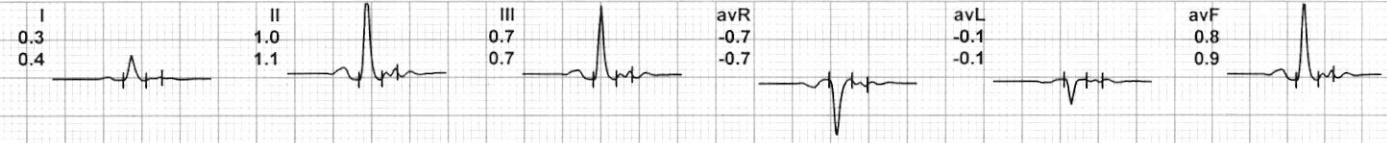
MPHR: 57% of 187
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

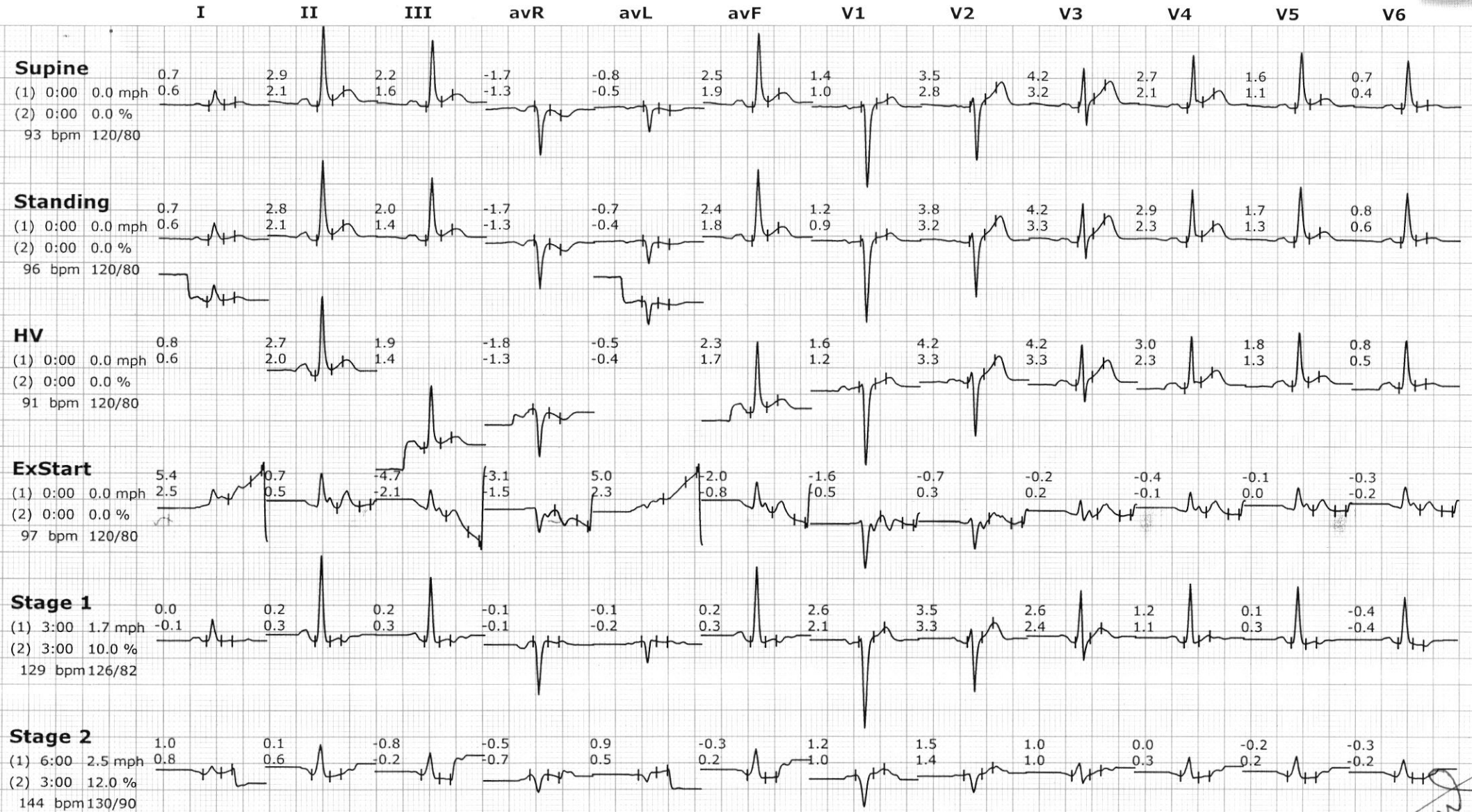
Ex Time 09:06
 BLC :On
 Notch :On

Recovery(5:00)
 10.0 mm/mV
 25 mm/Sec.

4X 100 mS Post J



Handwritten signature



me



I II III avR avL avF V1 V2 V3 V4 V5 V6

Stage 3

(1) 9:00 3.4 mph
 (2) 3:00 14.0 %
 165 bpm 138/96



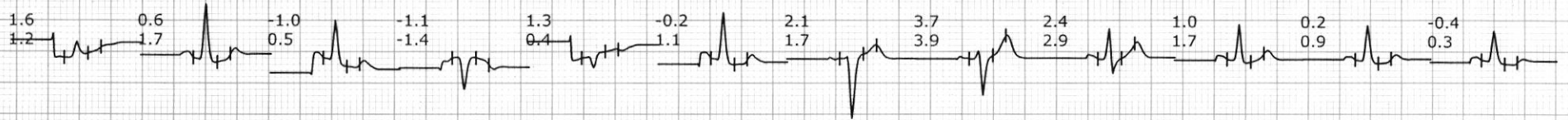
PeakEx

(1) 9:05 4.2 mph
 (2) 0:05 16.0 %
 167 bpm 138/96



Recovery

(1) 9:06 0.0 mph
 (2) 1:00 0.0 %
 133 bpm 136/94



Recovery

(1) 9:06 0.0 mph
 (2) 3:00 0.0 %
 115 bpm 132/88



Recovery

(1) 9:06 0.0 mph
 (2) 5:00 0.0 %
 108 bpm 128/84

