

❖ 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: Sumit Jaiswal Age & Sex: 41y/M Date of MER: 11/02/23  
 Identification Mark: Mole on Thigh Left ID Proof: UID Card  
 Ht: 181 Wt: 110 Chest Exp/Insp: 104/109 Abd: 117 PR: 75/m BP: 131/87

Any Operation

No

Any Medicine Taken

No

Any Accident

No

Alcohol/Tabacco/Drugs

Consumption: Occasionally Duration: 4-5 yrs

Qty: 30-60 ml

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		<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"/>	<u>None</u>

Signature of client.....

Jaiswal

Signature of Doctor.....

Dr R.K. Mittal  
 M.B.B.S. M.D. (Chest)  
 Registration No. 17707 (PMC)  
 Consultant Physician & Chest Specialist

Seal of Centre.....

## 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 B03 vide Proposal Form bearing no — dated 11/02/23

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>CXR, USG, Eyes Check up, Stool R/E</u> |                             |

I have furnished my ID Proof VID Card bearing ID No. 87129833315 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; Behavior etc.)

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

<p style="font-size: small;">Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)</p> <p style="font-size: large; font-family: cursive;">Sumit Jaiswal</p>	<p style="text-align: center; font-size: small;">Signature of Visiting/Attending Doctor</p> <p style="text-align: center; font-size: small;">Registration No 17707 (PMC)</p> <p style="text-align: center; font-size: x-small;">Consultant Physician &amp; Chest Specialist</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Name of Visiting/Attending Doctor</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">MC Registration No: <u>17707</u></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Doctor Stamp with date <u>11/02/23</u></p>
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## Self Declaration & Special COVID-19 Consent

Date: 11/02/23

Day:

Time:

Patient's Name/Client Name *Sumit Jaiswal*

Age: 41y

Sex: M

Case No/Proposal no

Address:

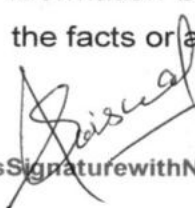
Profession:

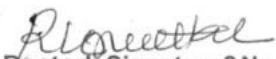
- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No
- 2) Have you travelled outside India and came back during pandemic of COVID-19 or  
Have you come from other country during pandemic of COVID-19? Yes/No
- 3) Have you travelled anywhere in India in last 60 days? Yes/No
- 4) Any Personal 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



  
Doctor's Signature & Name  
**Dr. R.K. Mittal**  
M.B.B.S. M.D. (Chest)  
Registration No. 17707 (PMC)  
Consultant Physician & Chest Specialist



**ਭਾਰਤ ਸਰਕਾਰ**  
**Unique Identification Authority of India**  
**Government of India**

ਦਾਖਿਲੇ ਦੀ ਪਛਾਣ / Enrollment No : 1028/11068/01866

To  
 ਸੁਮਿਤ ਜੈਸਵਾਲ  
 Sumit Jaiswal  
 S/O Rajinder Jaiswal  
 HOUSE NO - 4334 STREET NO - 9, DURGA  
 PURI, HAIBOWAL KALAN LUDHIANA  
 Ludhiana Ludhiana  
 Punjab 141001

2132193



UG213211936IN



*Respected*  
**Dr R.K. Mittal**  
 M.B.B.S. MD (chest)  
 Registration No 177097 (PMC)  
 Consultant Physician & Chest Specialist

ਤੁਹਾਡਾ ਆਧਾਰ ਨੰਬਰ / Your Aadhaar No. :

**8712 9833 3315**

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ



**ਭਾਰਤ ਸਰਕਾਰ**  
**GOVERNMENT OF INDIA**



ਸੁਮਿਤ ਜੈਸਵਾਲ  
 Sumit Jaiswal  
 ਜਨਮ ਦਾ ਸਾਲ / Year of Birth : 1981  
 ਪੁਰਸ਼ / Male



**8712 9833 3315**

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ

*Jaiswal*

Sumit



*Dr. R.K. Mittal*  
**Dr R.K. Mittal**  
MBBS MD  
Registration No 17707  
Consultant Physician & Chest Specialist

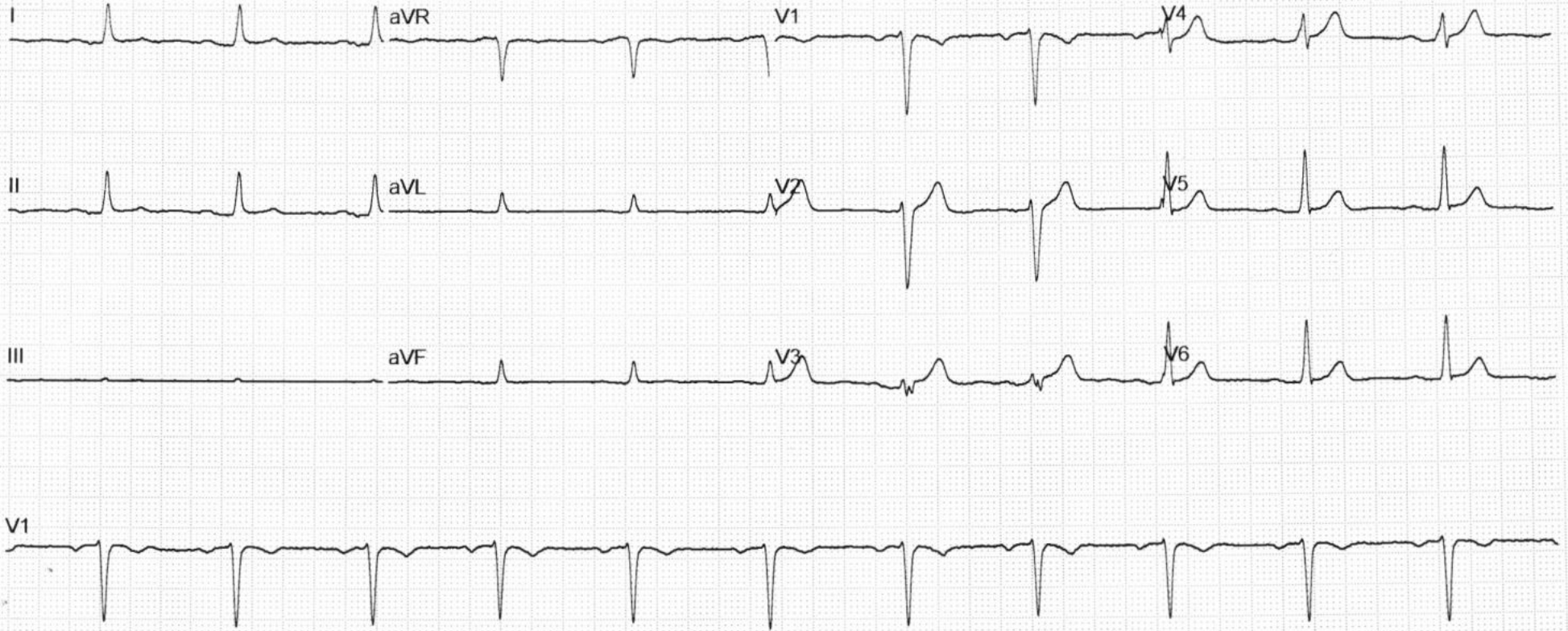
QRS : 92 ms  
QT / QTcBaz : 346 / 370 ms  
PR : 190 ms  
P : 102 ms  
RR / PP : 866 / 869 ms  
P / QRS / T : 31 / 32 / 30 degrees

Normal sinus rhythm  
Normal ECG

*Well*  
*Rechecked*  
Dr R.K. Mittal  
M B B S M D (Gen)  
Registration No 17707 (PM)  
Consultant Physician & Chest Surgeon

*Sumit Jaiswal*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:





**Name** : SUMIT JAISWAL  
**Age/Sex** : 41 Yrs/M  
**Date** : 11.2.2023

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## X-ray Chest PA View

The cardiac size and shape is normal.

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

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.

CT ratio is normal.

*Dr. R.K. Mittal*

**DR.R.K.MITTAL** Dr R.K. Mittal  
MBBS MD (Chest)  
**M.B.B.S, M.D.( Chest Specialist )**  
Registrar  
Consultant Physician & Chest Specialist



<b>ID.NO :-</b> 5	<b>Date :</b> 11/02/2023
<b>NAME :-</b> SUMIT JAISWAL	<b>AGE/SEX:</b> 41/Y /MALE
<b>REF BY:-</b> BANK OF BARODA	

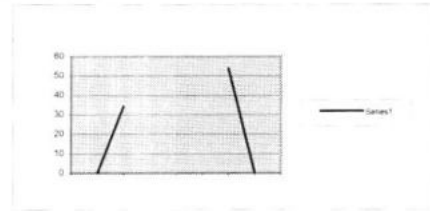
## HAEMATOLOGY REPORT

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

### LEUCOCYTES

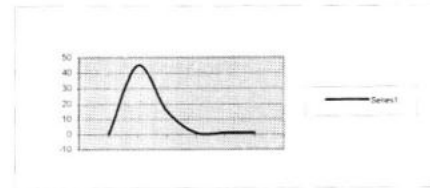
W.B.C	:	8.1	$10^3/uL$	4.0 - 11.0
LYM	:	34.3	%	20.0-45.0
MIXED	:	11.7	%	3.0 - 10.0
GRA	:	54.0	%	40.0-75.0

### REFERENCE RANGE



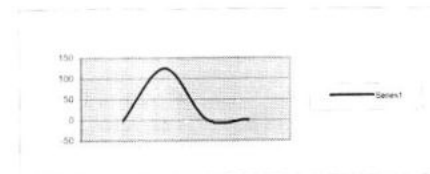
### ERYTHROCYTES

R.B.C	:	5.06	$10^6/uL$	3.5-5.5
HB	:	12.5	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	:	40.4	%	26.0-50.0
MCV	:	79.8	fL	82.0-92.0
MCH	:	24.7	pg	27.0-32.0
MCHC	:	30.9	g/dL	32.0-36.0
RDW-SD	:	41.0	fL	37.0-52.0



### THROMBOCYTES

PLT	:	125	$10^3/uL$	150 - 450
PDW	:	13.3	fL	9.0-17.0
MPV	:	10.4	fL	9.0-13.0
P-LCR	:	29.3	%	15.0 - 45.0



BLOOD GROUP "B" POSITIVE

E.S.R (Westgrn) 18 mm/1st Hr. 00 - 20

COMMENTS

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





NAME : SUMIT JAISWAL  
AGE/SEX : 41Y/M  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	97mg/dl
PPBS	70-140mg/dl	168mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.84mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.23mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.61mg/dl
S.G.O.T.	5-50Units/L	23Units/L
S.G.P.T.	5-50 Units/L	29Units/L
GAMMA GT	9-52 Units/L	34Units/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
AST/ALT RATIO	2:1 RATIO	0.79 RATIO
ALK. PHOSPHATASE	108-305 Units/L	235Units/L
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.87mg/dl
URIC ACID	3.0-7.2mg/dl	6.71mg/dl
CHOLESTEROL	140-200mg/dl	169mg/dl
TRIGLYCRIDE	60-160mg/dl	124mg/dl
CHOLESTEROL HDL	35-60 mg/dl	47mg/dl
CHOLESTEROL LDL	60-150 mg/dl	98mg/dl
VLDL	20-40 mg/dl	24mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.5:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.0mg/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. 40196



**NAME : SUMIT JAISWAL**  
**AGE/SEX : 41Y/M**  
**REF BY : BANK OF BARODA**  
**DATE : 11.02.2023**

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.58	%

### 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

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

NAME : SUMIT JAISWAL  
AGE/SEX : 41Y/M  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## • URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
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	0-1/hpf
PUS CELLS	2-4/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

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. 40155



NAME : SUMIT JAISWAL  
AGE/SEX : 41Y/M  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## 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. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. 40195



NAME : SUMIT JAISWAL  
AGE/SEX : 41Y/M  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## STOOL EXAMINATION REPORT

A. MACROSCOPIC EXAMINATION	
CONSISTENCY	SEMI-SOLID
COLOUR	BROWN
OCCULT BLOOD	NEGATIVE
MUCUS	NIL
B. MICROSCOPIC EXAMINATION	
OVA AND CYST	NOT SEEN
R.B.C	NIL
PUS CELL	0-1/hpf

### **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  
Reg No. 40195



NAME : SUMIT JAISWAL  
AGE/SEX : 41Y/M  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.18 ng/ml	0.70-2.04 ng/ml
T4	5.34 µg/dl	4.6-10.5 µg/dl
TSH	0.99 µIU/ml	0.40-4.20µIU/ml

### Recommendation:-

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



NAME:- SUMIT JAISWAL

AGE:-41Y/M

REF. BY:-BANK OF BARODA

DATE:-11/2/2023

## EYE CHECK UP

### Vision Test:-

6/6 Right Eye: - SPH                      CYL                      AX  
                                                 -0.75                      -0.00                      00°

6/6 Left Eye :- SPH                      CYL                      AX  
                                                 -0.75                      -0.00                      00°

### Color vision (Ishihara's Chart)

Color vision: NORMAL



**Kailash Kumar**  
Ophthalmic Technician

**Patient's Name: SUMIT JAISWAL**

**DATE : 11/02/2023**

**Age/Sex : 41 Yrs/M**

## ULTRASONOGRAPHY OF ABDOMEN

**LIVER :** Liver is normal in size & shape and shows fatty infiltration. 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 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. There is 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. There is 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: GRADE – 1 FATTY LIVER.**

**DR.R.S. MAHESHWARI** M.B.B.S. M.D (Peadi)

**(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