

❖ 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 Archana Jaiswal Age & Sex 41y/F Date of MER 11/02/23

Identification Mark Nil ID Proof UID Card

Ht 152 Wt 61 Chest Exp/Insp 92/97 Abd 83 PR 76/m BP 127/81

Any Operation 4/07 Laparoscopic Cholecystectomy done 2020 at RG Stone, Ldh.  
1/07.2 LSCS in 2009 & 2015 at Singla Hospital, Ldh.

Any Medicine Taken

No

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.....

*(Handwritten Signature)*

Signature of Doctor.....

*(Handwritten Signature)*

**Dr R.K. Mittal**

Seal of Centre.....

M.B.B.S. MD (chest)  
 Registration No 17707 (PMC)  
 Consultant Physician & Chest Specialist

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

Date: 11/02/23

Day:

Time:

Patient's Name/Client Name Archana Jaiswal

Age: 41y

Sex: Female

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  
MBBS MD (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 BOB 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 UID Card bearing ID No. 507275570614 at the time of my medical.

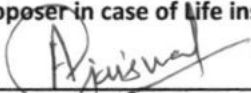
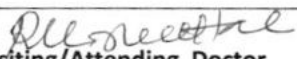
### Feedback Form

- 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

Signature of the Life to be Insured (Proposer in case of Life insured being minor)  <hr/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>Archana Jaiswal</u>	Signature of Visiting/Attending Doctor  <b>Dr R.K. Mittal</b> MBBS MD (Chest) Registration No. 17707 (PMC) Consultant Physician & Chest Surgeon <hr/> MC Registration No: <u>17707</u> <hr/> Doctor Stamp with date <u>11/02/23</u>
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ਭਾਰਤ ਸਰਕਾਰ  
GOVERNMENT OF INDIA



ਅਰਚਨਾ ਜੈਸਵਾਲ  
Archana Jaiswal  
ਜਨਮ ਦਾ ਸਾਲ / Year of Birth : 1981  
ਇਸਤਰੀ / Female



5072 7557 0614

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ

*A Jaiswal*

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



ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਿਟੀ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ਪਤਾ:  
W/O ਸੁਮਿਤ ਜੈਸਵਾਲ, ਮਕਾਨ ਨੰ -  
੪੩੩੪, ਗਲੀ ਨੰ - ੯, ਦੁਰਗਾ ਪੁਰੀ,  
ਰੋਬੋਵਾਲ ਕਲਾਂ, ਲੁਧਿਆਣਾ, ਲੁਧਿਆਣਾ,  
ਪੰਜਾਬ, 141001

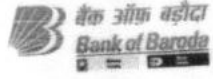
Address:  
W/O Sumit Jaiswal, HOUSE  
NO - 4334, STREET NO - 9,  
DURGA PURI, HAIBOWAL  
KALAN, LUDHIANA,  
Ludhiana, Punjab, 141001

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001



नाम: सुश्री अर्चना  
Name: Ms. ARCHANA

कर्मचारी कूट क्र. 159551  
E.C. No.

बारीकना प्राधिकारी, डी.के.ए. रो. लुधियाना  
Issuing Authority DRM, RO, Ludhiana



धारक के हस्ताक्षर  
Signature of Holder

Dr R.K. Mittal  
MBBS MD (Gen)  
Registration No 17707 (P.M.C)  
General Physician & Chest Specialist

मिलने पर निम्नलिखित को लौटाएं  
सहायक महाप्रबंधक (सुरक्षा)  
बैंक ऑफ बड़ोदा कॉर्पोरेट सेंटर  
सी-26, जी ब्लॉक, बान्द्रा कर्ला कॉम्प्लेक्स  
मुंबई 400 051, भारत  
फोन : 91 22 6698 51 96 फैक्स : 91 22 2652 5747

If found, please return to:  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai 400 051, India  
Phone : 91 22 6698 5196 Fax : 91 22 2652 5747

रक्त समूह / Blood Group : **B+VE**  
पहचान चिह्न  
Identification Marks : **MOLE ON LEFT SIDE OF FOREHEAD**

Archana



241/1, Dasmesh Nagar,  
New Kartar Nagar,  
Ludhiana, Punjab

clear sky  
14.0 °C

11 Feb 2023 08:43 am



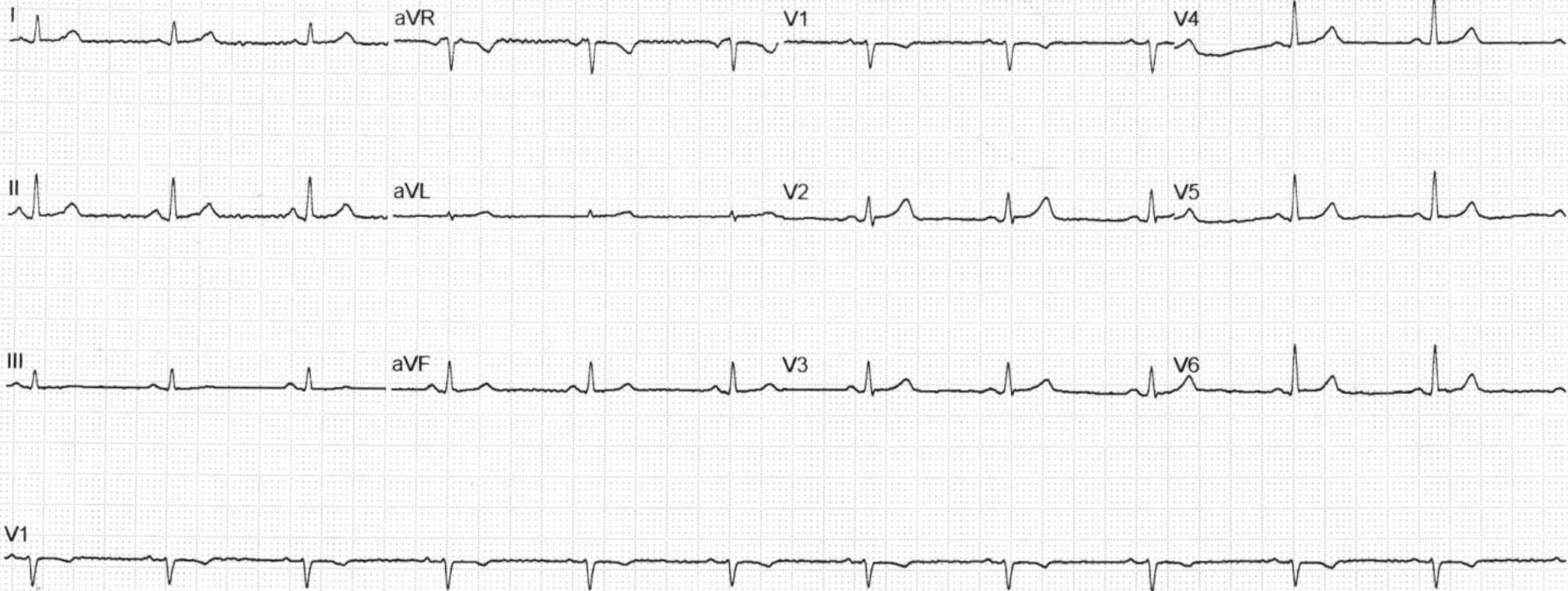
QRS : 68 ms  
QT / QTcBaz : 350 / 369 ms  
PR : 124 ms  
P : 86 ms  
RR / PP : 896 / 895 ms  
P / QRS / T : 67 / 59 / 43 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*WNL*  
*Reassess*  
**Dr R.K. Mittal**  
MBBS MD (chest)  
Registration No. 17707 (PMC)  
Consultant Physician & Chest Surgeon

*A. Jaiswal*









**Name** : ARCHNA JAISWAL  
**Age/Sex** : 41 Yrs/F  
**Date** : 11.2.2023

## 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.

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



<b>ID.NO :-</b> 3	<b>Date :</b> 11/02/2023
<b>NAME :-</b> ARCHANA JAISWAL	<b>AGE/SEX:</b> 41/Y / FEMALE
<b>REF BY:-</b> BANK OF BARODA	

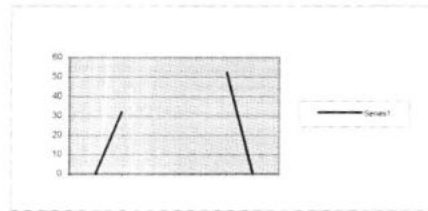
## HAEMATOLOGY REPORT

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

### LEUCOCYTES

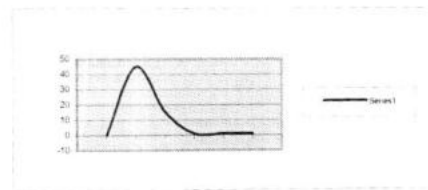
W.B.C	:	4.9	10 <sup>3</sup> /uL	4.0 - 11.0
LYM	:	32.2	%	20.0-45.0
MIXED	:	15.5	%	3.0 - 10.0
GRA	:	52.3	%	40.0-75.0

### REFERENCE RANGE



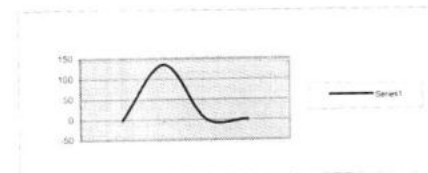
### ERYTHROCYTES

R.B.C	:	4.15	10 <sup>6</sup> /uL	3.5-5.5
HB	:	11.2	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	:	33.3	%	26.0-50.0
MCV	:	80.2	fL	82.0-92.0
MCH	:	27.0	pg	27.0-32.0
MCHC	:	33.6	g/dL	32.0-36.0
RDW-SD	:	47.2	fL	37.0-52.0



### THROMBOCYTES

PLT	:	136	10 <sup>3</sup> /uL	150 - 450
PDW	:	14.1	fL	9.0-17.0
MPV	:	10.8	fL	9.0-13.0
P-LCR	:	32.6	%	15.0 - 45.0



BLOOD GROUP "B" POSITIVE

E.S.R (Westgrn) 36 mm/1st Hr. 00 - 20

COMMENTS

*Surbhi*

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



NAME : ARCHANA JAISWAL  
AGE/SEX : 41Y/F  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	100mg/dl
PPBS	70-140mg/dl	123mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.77mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.22mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.55mg/dl
S.G.O.T.	5-50Units/L	39Units/L
S.G.P.T.	5-50 Units/L	32Units/L
GAMMA GT	9-52 Units/L	28Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
ALBUMIN	3.5-5.3mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/dl
AST/ALT RATIO	2:1 RATIO	1.21 RATIO
ALK. PHOSPHATASE	108-305 Units/L	218Units/L
UREA(BUN)	15-45mg/dl	28mg/dl
CREATININE	0.7-1.5mg/dl	0.76mg/dl
URIC ACID	3.0-6.2mg/dl	4.53mg/dl
CHOLESTEROL	140-200mg/dl	167mg/dl
TRIGLYCRIDE	60-160mg/dl	131mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	95mg/dl
VLDL	20-40 mg/dl	26mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.6:1mg/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. 40195



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

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.48	%

### 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

*Surbhi*  
Dr. SURBHI GOYAL  
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CONSULTANT PATHOLOGIST  
Reg No. 40195



NAME : ARCHANA JAISWAL  
AGE/SEX : 41Y/F  
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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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. 40195



NAME : ARCHANA JAISWAL  
AGE/SEX : 41Y/F  
REF BY : BANK OF BARODA  
DATE : 11.02.2023

## • URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P. 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	2-3/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

### Recommendation:-

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5. False negative or false positive results may occur in some cases

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





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

## STOOL EXAMINATION REPORT

A. MACROSCOPIC EXAMINATION	
CONSISTENCY	SOLID
COLOUR	BROWN
OCCULT BLOOD	NEGATIVE
MUCUS	NIL
B. MICROSCOPIC EXAMINATION	
OVA AND CYST	NOT SEEN
R.B.C	NIL
PUS CELL	1-2/hpf

### **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.

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



NAME : ARCHANA JAISWAL  
AGE/SEX : 41Y/F  
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	0.86 ng/ml	0.70-2.04 ng/ml
T4	4.95 µg/dl	4.6-10.5 µg/dl
TSH	1.06 µIU/ml	0.40-4.20µIU/ml

### Recommendation:-

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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. 40195

**Patient's Name : ARCHANA JAISWAL**

**AGE/SEX: 41 Y /F**

**DATE: 11/02/2023**

## ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER :** Liver is normal in size & shape. 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 could not be seen. H/o Cholecystectomy.

**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. Cortical thickness is WNL, Corticomedullary differentiation is well maintained. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure. Changes or S.O.L.

**LEFT KIDNEY :** Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure changes or S.O.L.. Corticomedullary differentiation is well maintained.

**URETERS :** Both ureters are normal and not dilated

**URINARY BLADDER :** U.B is seen in filled stage. Lumen is echo free. Walls are normal

**UTERUS :** Uterus is enlarged in size. There is large area of poor echogenic appearance seen. Suggestive of PID.

**IMP..... PID**

*Dr. R.S. Maheshwari*

**DR.R.S.MAHESHWARI**  
MBBS,MD.  
ULTRASONOLOGIST

NOTE :- This is only professional opinion and the diagnosis. It should be correlated clinically & with other investigation to come to final diagnosis.