

❖ 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 Defi Tayal Age & Sex 23y/F Date of MER 28/05/24  
 Identification Mark Mole on Rt. cheek ID Proof UID CARD  
 Ht. 158 Wt. 50 Chest Exp/Insp. 69/74 Abd. 76 PR. 71/m BP 110/70

Any Operation No

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	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]

Signature of Doctor Dr. 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 34970

## 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 form Mediwheel vide proposal form bearing no..... dated 28/05/24

I do confirm specifically that the following medical activities have been performed for me

- |  |   |  |
|--|---|--|
| 1. Full medical Report (Medical Questionnaire) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2. Sample Collection                           |   |  |
| a. Blood                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b. Urine                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 3. Electro Cardio Gram ( ECG)                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 4. Treadmill Test (TMT)                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 5. Others                                      | <u>CXR, Eyes Check up</u>               |  |

I have furnished my ID proof UID bearing ID No. 0874 at the time of my medical.

### Feedback Form

- Behavior and cooperation of staff

Reception / Clinic / Hospital       Good     Average     Poor

Technician / Doctors                 Good     Average     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

.....

<p><b>Signature of the Life to be Insured</b> (proposer in care of Life insured being minor)</p> <p style="text-align: center;"><u>Delfi</u></p> <hr/> <p><b>Name of the Life to be Insured With Date</b> (Proposer (in case of life insured being minor)</p> <p style="text-align: center;"><u>Delfi Tayal</u></p>	<p style="text-align: center;"><i>Dr. R.S. Maheshwari</i> Consultant Physician (Med) D.M.S. (Ex.) M.I.A.P Specialist</p> <p><b>Signature of Visiting/Attending Doctor</b></p> <hr/> <p><b>Name of Visiting/Attending Doctor</b></p> <hr/> <p><b>MC Registration No:</b> <u>34970</u></p> <hr/> <p><b>Doctor stamp with date</b> <u>28/05/24</u></p>
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**Self Declaration & Special COVID-19 Consent**

Date: 28/05/24

Day:

Time:

Patient's Name/Client Name: Delfi Tayal

Age: 23y

Sex: F

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?

4/04 Covid free in delhi Home isolation for 15 days

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.S. Mittal  
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.T  
Consultant Physician & Child Specialist  
LIFE LINE HOSPITAL  
GILL ROAD, LUDHIANA-141002  
Reg. No. 34970



भारत सरकार  
GOVERNMENT OF INDIA



**Delfi Tayal**

2000-08-31

FEMALE

**XXXXXXXX0874**

**Address**

C/O Ajay Tayal, # 999, Rajdhani Apartments, Sector49-A,  
Chandigarh, Chandigarh, Chandigarh, 160047

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



Tap to Zoom

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# Important

1. Please Bring Or for Any Pre-Insu
2. Center Will Not or Lab Test With
3. Please Come Fast As Per The Instruc By Your Corporate
4. Please Keep Siler And Switch Off Yo
5. Please Fill The " And Do Not Hesit Faced Any Probl

YOU ARE UNDER C

**Dr. R. Maheshwari**  
MB.B.S. M.D. (Peds) PC.M.S (Ex) M.I.A.P  
Consultant Physician & Child Specialist  
LIFE HOSPITAL  
LUDHIANA-141002  
9870



Ludhiana, Punjab, India  
VVM5+7CX, Gill Rd, Kartar Singh Sarabha Market, Dasmesh Nagar, Ludhiana, Punjab 141003, India  
Lat 30.883288°  
Long 75.85866°  
28/05/24 10:06 AM GMT +05:30

Google

GPS Map Camera



Dated: 28/05/2024

## TO WHOM IT MAY CONCERN

This is to certify that DELFI TAYAL aged about 23Yrs/Female has been examined by me. She is physically and mentally fit.

*Dr. R.S. Maheshwari*  
M.B.B.S. M.D. (Paed) P.C.M. (Ex. M.I.A.P)  
Consultant Physician & Child Specialist  
**DR. R.S. MAHESHWARI**  
MBBS, MD  
LIFELINE HOSPITAL  
GILL ROAD, LUDHIANA-141003  
Registration No 34970

QRS : 62 ms  
QT / QTcBaz : 380 / 412 ms  
PR : 114 ms  
P : 82 ms  
RR / PP : 848 / 845 ms  
P / QRS / T : 79 / 68 / 50 degrees

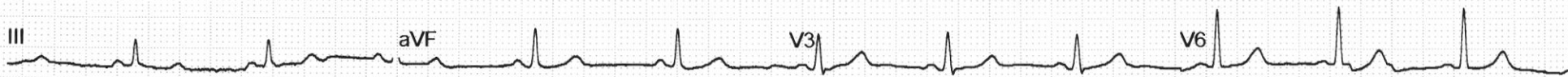
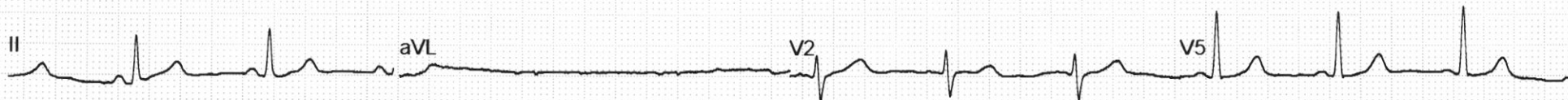
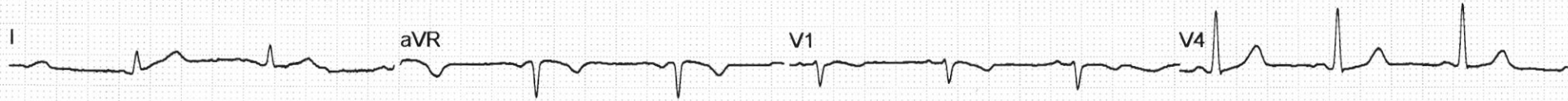
Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Tayal*

*Normal*

Dr. Rav Kant Singla  
M.B.B.S.  
Medical Specialist  
Ex. Registrar CMC LDH.  
Reg. No. 29182



# Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited  
(ENTRY LEVEL)



NAME Delfi Tayal

EMP.CODE \_\_\_\_\_

AGE / SEX 23y/f

DATE 28/05/2024

REF. BY MediWheel

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE		Plain		6/6		Plain		6/6
FOR NEAR ADD				—				

### COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: \_\_\_\_\_



DOCTOR SIGNATURE





Lab ID. :	08	Date :	28/05/2024
Name :	DELFI TAYAL	Age/Sex :	23 Years/Female
Ref. By :	MEDIWHEEL	Mac. No. :	1648

## Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
<b>LEUKOCYTES</b>				
Total WBC Count	9.07	10 <sup>3</sup> /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	27.3	%	20.0 - 50.0	
Mixed%	5.5	%	3.0 - 10.0	
Neutrophils%	67.2	%	50.0 - 70.0	
Lymphocytes#	2.48	10 <sup>3</sup> /uL	0.6 - 4.1	
Mixed#	0.50	10 <sup>3</sup> /uL	0.1 - 1.8	
Neutrophils#	6.09	10 <sup>3</sup> /uL	2.0 - 7.8	
<b>ERYTHROCYTES</b>				
Hemoglobin	12.1	g/dl	11.0 - 16.0	<p>RBC</p>
R.B.C Count	4.19	10 <sup>6</sup> /uL	3.50 - 5.50	
Haematocrit(PCV)	37.8	%	36.0 - 47.0	
MCV	90.4	fl	80.0 - 99.0	
MCH	28.9	pg	27.0 - 32.0	
MCHC	32.0	g/dl	32.0 - 36.0	
RDW-SD	48.1	fl	35.0 - 56.0	
RDW-CV	14.3	%	11.5 - 14.5	
<b>THROMBOCYTES</b>				
Platelets Count	236	10 <sup>3</sup> /uL	150 - 450	<p>PLT</p>
MPV	9.7	fl	7.4 - 10.4	
PDW	11.6	fl	10.0 - 17.0	
PDW-CV	14.4	%	10.0 - 17.0	
PCT	0.230	%	0.108 - 0.280	
P-LCR	24.9	%	13.0 - 43.0	
P-LCC	59.0	10 <sup>3</sup> /uL	30 - 90	
ESR	13	mm 1st hr	0 - 20	
Blood Group	"B" POSITIVE			

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



NAME : DELFI TAYAL  
AGE/SEX : 23Y/F  
REF BY : MEDIWHEEL  
DATE : 28.05.2024

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	73mg/dl
PPBS	70-140mg/dl	117mg/dl
UREA(BUN)	15-45mg/dl	22mg/dl
CREATININE	0.7-1.5mg/dl	0.81mg/dl
BILIRUBIN TOTAL	<1.2mg/dl.	0.72mg/dl
S.G.P.T	5-50Unit/L	27Unit/L

### 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

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REF BY : MEDIWHEEL  
DATE : 28.05.2024

## URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
TRANSPERANCY	CLEAR
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
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

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NAME : DELFI TAYAL  
AGE : 23Y/F  
DATE : 28/05/2024

## X-RAY CHEST P.A. VIEW

The cardiac size and shape is normal.

Both hilla are normal.

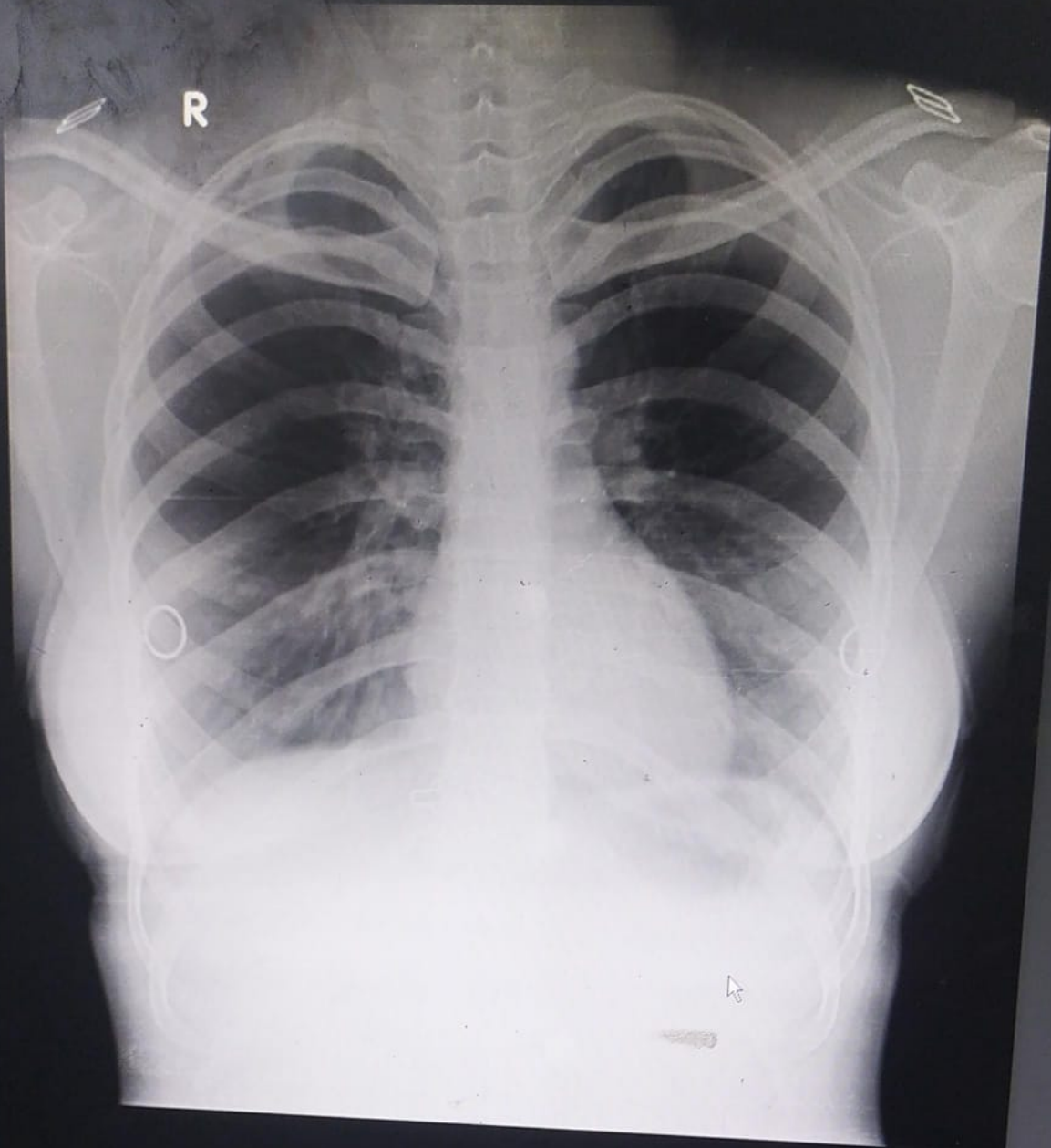
The lungs on either side shows equal translucency.

The peripheral vasculature is normal.

The domes of the diaphragm is normal.

The pleural spaces are normal.

*Dr. R.S. Maheshwari*  
DR. R.S. MAHESHWARI  
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M.B.B.S. (MD) Paediatric & Child Specialist  
LIFE LINE HOSPITAL  
GILL ROAD, LUDHIANA-141003.  
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DELFI TAYAL 23 699 F CHEST,FRN P->A 28-05-2024 10:32 AM  
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA