

❖ 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 Harpreet Singh Age & Sex 29/M Date of MER 17/7/21
 Identification Mark Scar mark on forehead ID Proof VIO Card
 Ht 171 Wt 61 Chest Exp/Insp 85/90 Abd 75 PR 88 BP 120/70

Any Operation NO

Any Medicine Taken H/O - BIL Renal Calculus taking
Regmed by last 5 days

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	

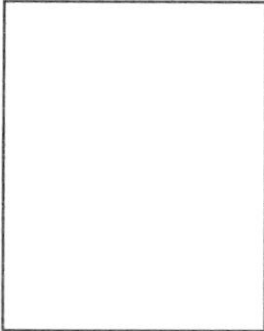
Examination of systems

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

Self Declaration & Special COVID-19 Consent



Date: 17/7/21

Day:

Time:

Patient's Name/Client Name

Harpreet Singh

Age: 29

Sex: M

CaseNo/Propo
s al no

Address:

Profession:

1) Do you have Fever/Cough/Tredness/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. Maheshwari
M.B.B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970
Doctor's Signature & Name

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 Proposal Form bearing no. _____ dated 17/7/21

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"/> |
| 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 _____ | | |

I have furnished my ID Proof VID Card bearing ID No. 7309 8948 8244 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"/>

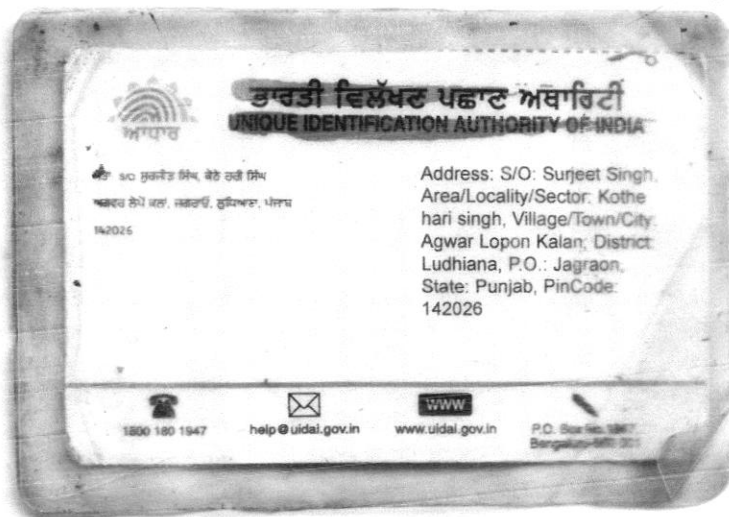
(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- 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) <hr/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>Harpreet Singh</u>	Signature of Visiting/Attending Doctor <u>Dr. R.S. Maheshwari</u> M.B.B.S., M.D. (Paed) F.C.M.S. (Ex.) M.I.A.P Paediatric Physician & Child Specialist Name of Visiting/Attending Doctor <u>Dr. R.S. Maheshwari</u> GILL ROAD, LUDHIANA-141003 Registration No. 34970 MC Registration No: <u>34970</u> Doctor Stamp with date <u>17/7/21</u>
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Dr. K.S. Maheshwari
M.B.B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970




बैंक ऑफ बड़ोदा
Bank of Baroda

नाम: Mr. SINGH HARPREET
Name:

कर्मचारी कूट क्र. 116226
E. C. No.





घारक के हस्ताक्षर
Signature of Holder



अतिरिक्त अधिकारी, डी. ए. (अ.स.स.) के कार्यालय, जलंधर
Issuing Authority: CM (DRM), RO, Jalandhar

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



Harpreet Singh



1. Please Bring Original Photo and Any Pre-Insurance Health Documents

We Will Not Conduct A Lab Test Without Original Documents

Come Fasting For Lab Tests
The Instructions Are Already Provided In Your Corporate or T.P.A. Documents

Please Keep Silence, Wait for Your Doctor and Switch Off Your Mobile

Please Fill The "Feed us Back" Form
And Do Not Hesitate to Tell Us If You Have Faced Any Problem In The Clinic

YOU ARE UNDER CCTV SURVEILLANCE

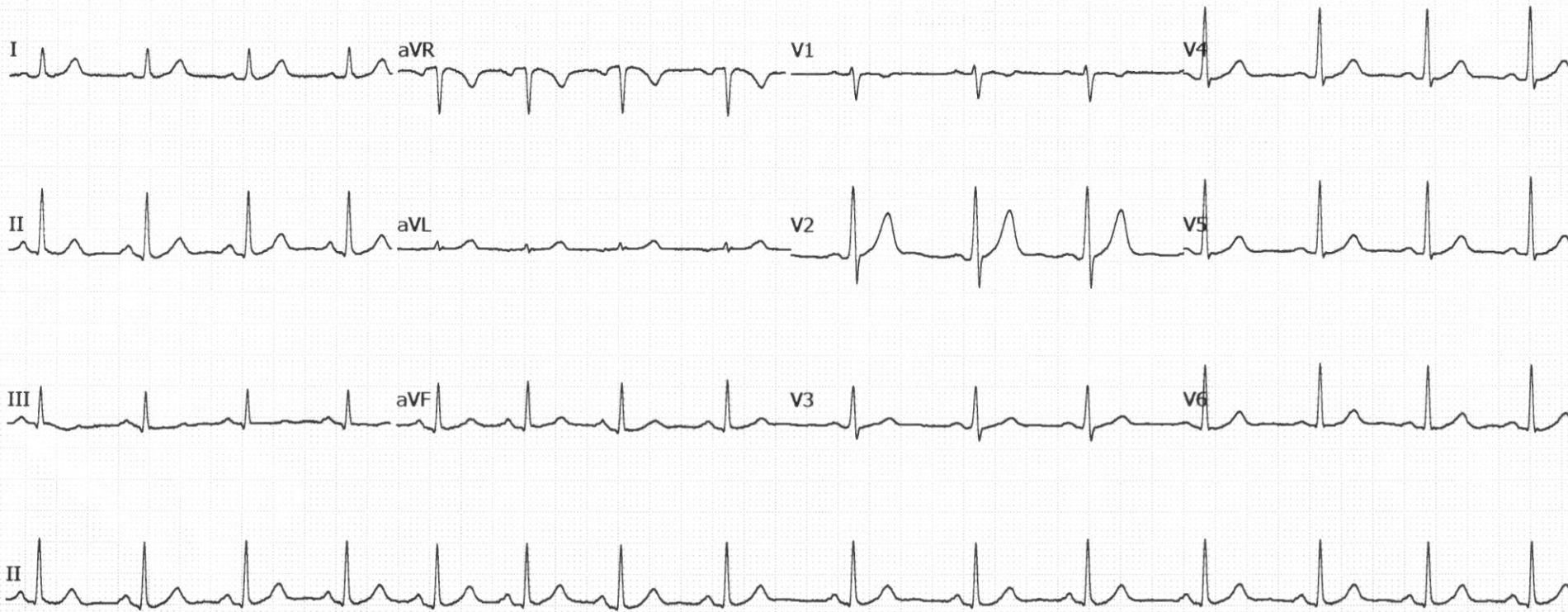
Male

QRS : 72 ms
QT / QTcBaz : 342 / 413 ms
PR : 134 ms
P : 100 ms
RR / PP : 678 / 681 ms
P / QRS / T : 70 / 60 / 34 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

VISITING CONSULTANT
Dr Renu Lata Gupta
MBBS MD (Medicine)
Chest & Heart Specialist
City Eye Hospital, GILL ROAD, BHBS



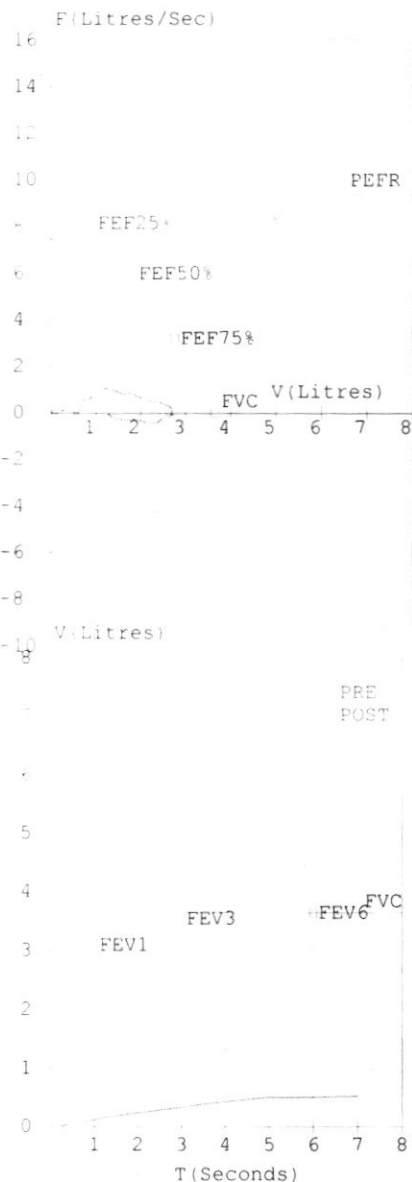
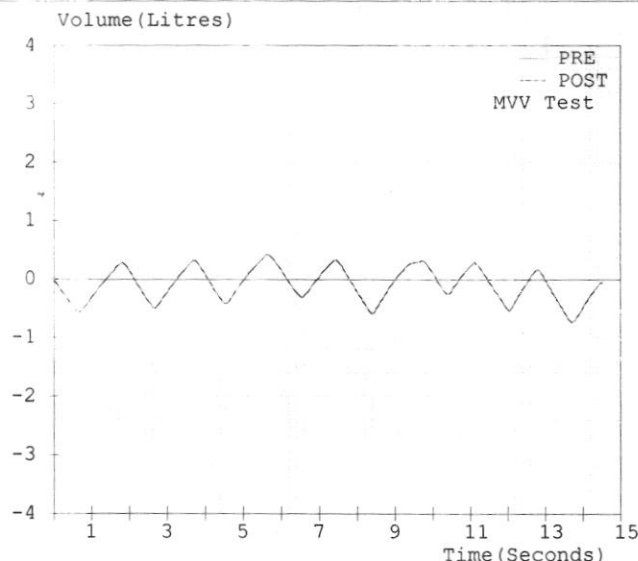
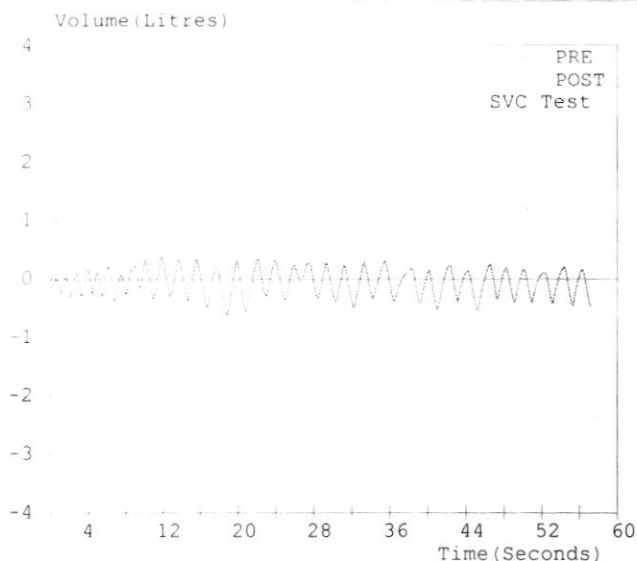
LIFE LINE HOSPITAL

GILL ROAD , LUDHIANA

Patient: HARPREET SINGH
 Refd.By:
 Pred.Eqns: RECORDERS
 Date : 17-Jul-2021 10:53 AM

Age : 29 Yrs
 Height : 171 Cms
 Weight : 61 Kgs
 ID : 1680

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp :



Spirometry Results						
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred %Imp
FVC	(L)	03.65	02.70	074	-----	---
FEV1	(L)	03.10	00.14	005	-----	---
FEV1/FVC	(%)	84.93	05.19	006	-----	---
FEF25-75	(L/s)	04.45	00.78	018	-----	---
PEFR	(L/s)	09.31	01.03	011	-----	---
FIVC	(L)	-----	01.46	-----	-----	---
FEV.5	(L)	-----	00.07	-----	-----	---
FEV3	(L)	03.54	00.34	010	-----	---
PIFR	(L/s)	-----	00.46	-----	-----	---
FEF75-85	(L/s)	-----	00.50	-----	-----	---
FEF.2-1.2	(L/s)	07.69	00.08	001	-----	---
FEF 25%	(L/s)	08.14	00.47	006	-----	---
FEF 50%	(L/s)	05.98	00.99	017	-----	---
FEF 75%	(L/s)	03.18	00.63	020	-----	---
FEV.5/FVC	(%)	-----	02.59	-----	-----	---
FEV3/FVC	(%)	96.99	12.59	013	-----	---
FET	(Sec)	-----	16.30	-----	-----	---
ExptTime	(Sec)	-----	00.94	-----	-----	---
Lung Age	(Yrs)	029	057	197	-----	---
FEV6	(L)	03.65	00.53	015	-----	---
FIF 25%	(L/s)	-----	00.77	-----	-----	---
FIF 50%	(L/s)	-----	00.48	-----	-----	---
FIF 75%	(L/s)	-----	00.32	-----	-----	---
SVC	(L)	-----	01.00	-----	-----	---
ERV	(L)	01.52	00.15	010	-----	---
IRV	(L)	-----	00.02	-----	-----	---
VE	(L/min)	-----	27.20	-----	-----	---
Rf	(l/min)	-----	40.00	-----	-----	---
Ti	(sec)	-----	00.60	-----	-----	---
Te	(sec)	-----	00.90	-----	-----	---
VT	(L)	-----	00.68	-----	-----	---
VT/Ti		-----	01.13	-----	-----	---
Ti/Ttot		-----	00.40	-----	-----	---
IC	(L)	-----	00.70	-----	-----	---
MVV	(L/min)	143	025	017	-----	---
MRF	(l/min)	-----	32.99	-----	-----	---
MVT	(L)	-----	00.75	-----	-----	---

Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Mixed Blockage as (FEV1/FVC)%Pred <95 and FVC%Pred <80

Dr R.K. Mittal
 Dr R.K. Mittal
 MBBS MD (Chest)
 Registration No 1 DR R.K. MITTAL MD
 Consultant Physician & Chest Specialist



ID.NO :- 1	Date : 17/07/2021
NAME :- HARPREET SINGH	AGE/SEX: 29/Y / MALE
REF BY:- BANK OF BARODA	

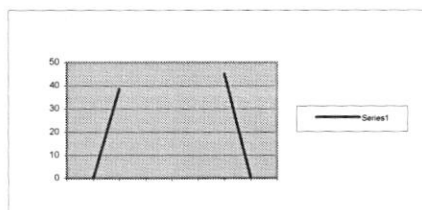
HAEMATOLOGY REPORT

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

LEUCOCYTES

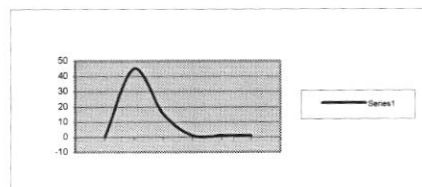
Parameter	Value	Unit	Reference Range
W.B.C	6.9	10 ³ /uL	4.0 - 11.0
LYM	38.7	%	20.0-45.0
MIXED	16.1	%	3.0 - 10.0
GRA	45.2	%	40.0-75.0

REFERENCE RANGE



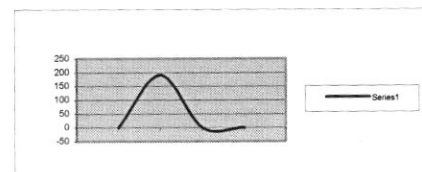
ERYTHROCYTES

Parameter	Value	Unit	Reference Range
R.B.C	4.66	10 ⁶ /uL	3.5-5.5
HB	13.1	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	41.1	%	26.0-50.0
MCV	88.2	fL	82.0-92.0
MCH	28.1	pg	27.0-32.0
MCHC	31.9	g/dL	32.0-36.0
RDW-SD	44.8	fL	37.0-52.0



THROMBOCYTES

Parameter	Value	Unit	Reference Range
PLT	191	10 ³ /uL	150 - 450
PDW	21.6	fL	9.0-17.0
MPV	13.7	fL	9.0-13.0
P-LCR	52.4	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 12 mm/1st Hr. 00 - 20

COMMENTS

Dr. SURJIT KOTAL
M.B.B.S M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST

NAME : HARPREET SINGH
AGE/SEX : 29Y/M
REF BY : BANK OF BARODA
DATE : 17.07.2021

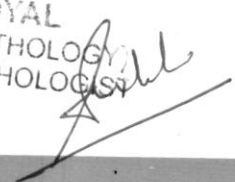
BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	84mg/dl
PPBS	70-140mg/dl	108mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.81mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.20mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.61mg/dl
S.G.O.T.	5-50Units/L	31Units/L
S.G.P.T.	5-50 Units/L	27Units/L
GAMMA GT	9-52 Units/L	22Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	2.9gm/dl
ALK. PHOSPHATASE	108-305 Units/L	130Units/L
UREA(BUN)	15-45mg/dl	25mg/dl
CALCIUM	8.5-10.4mg/dl	9.2mg/dl
CREATININE	0.7-1.5mg/dl	0.98mg/dl
URIC ACID	3.0-7.2mg/dl	5.90mg/dl
CHOLESTEROL	140-200mg/dl	183mg/dl
TRIGLYCRIDE	60-160mg/dl	131mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	112mg/dl
VLDL	20-40 mg/dl	26mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.48mg/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.

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





NAME : HARPREET SINGH
AGE/SEX : 29Y/M
REF BY : BANK OF BARODA
DATE : 17.07.2021

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	110.7ng/ml	70-204 ng/ml
T4	4.86µg/dl	4.6-10.5 µg/dl
TSH	1.17µIU/ml	0.4-4.2µIU/ml

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 : HARPREET SINGH
AGE/SEX : 29Y/M
REF BY : BANK OF BARODA
DATE : 17.07.2021

URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.030
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	0-1/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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



NAME : HARPREET SINGH
AGE/SEX : 29Y/M
REF BY : BANK OF BARODA
DATE : 17.07.2021

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.31	%

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



NAME : HARPREET SINGH
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REF BY : BANK OF BARODA
DATE : 17.07.2021

<u>TEST NAME</u>	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	0.88	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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Dr. SUREHI GOYAL
M.B.B.S M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



NAME : HARPREET SINGH
AGE/SEX : 29Y/M
REF BY : BANK OF BARODA
DATE : 17.07.2021

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

***Recommendation:-**

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

Name : HARPREET SINGH
Age/Sex : 29Y/M
Date : 17/07//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 peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal

Normal Study

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

Patient's Name : HARPREET SINGH

DATE : 17/07 /2021

Age/Sex : 29 Yrs/M

ULTRASONOGRAPHY OF 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 is normal in size & size. 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 backpressure, changes or SOL. Corticomedullary differentiation is well maintained. **Shows a small calculus in upper pole about 4 to 5 mm**

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. **Shows small multiple concretions**

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.

IMPRESSION: RIGHT RENAL CALCULUS // LEFT RENAL CONCRETIONS

DR.R.S. MAHESHWARI

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