

❖ 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 Prashant Kumar Chaudhary Age & Sex 31/M Date of MER 25/3/23  
 Identification Mark Mole on cheek (L) side ID Proof \_\_\_\_\_  
 Ht. 182 Wt. 84 Chest Exp/Insp 97/102 Abd. 95 PR 76/44 BP 140/80

Any Operation NO  
 Any Medicine Taken NO  
 Any Accident NO

Alcohol/Tabacco/Drugs  
 Consumption Alcohol Duration 1-2 yrs  
 Qty 30-60ml (occasionally)

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 [Signature]

Signature of Doctor Dr R.K. Mittal  
 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 Bank of Baroda vide Proposal Form bearing no \_\_\_\_\_ dated 25/03/23

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, TMT, eyes check up, stool.</u> |   |                             |

I have furnished my ID Proof UPD Card bearing ID No. 9703 2871 1714 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 <u>25/03/23</u> (Proposer (in case of Life insured being minor) <u>Prashant kumar Choudhary</u>	Signature of Visiting/Attending Doctor <u>Dr. R.K. Mittal</u> M.B.B.S. M.D. (Chest) Registration No. 17707 (PMC) Name of Visiting/Attending Doctor <hr/> MC Registration No: <u>17707</u> <hr/> Doctor Stamp with date <u>25/03/23</u>
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## Self Declaration & Special COVID-19 Consent

Date: 25/03/2023

Day:

Time:

Patient's Name/Client Name

Prashant Kumar Choudhary

Age: 31 yrs

Sex: Male

Case No/Proposal no

Address:

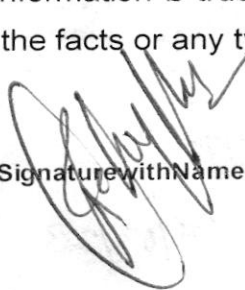
Profession:

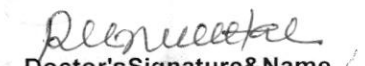
- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No
- 2) Have you travelled outside India and came back during pandemic of COVID 19 or  
Have you come from other country during pandemic of COVID 19? Yes/No
- 3) Have you travelled anywhere in India in last 60 days? Yes/No
- 4) Any Personal 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? Yes/No   
Diabetes/Hypertension/Lung Disease/Heart Disease
- 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**  
BBS, MD (chest)  
Registrar, No. 107 (PMC)  
Consultant Physician



भारत सरकार  
GOVERNMENT OF INDIA



प्रशांत कुमार चौधरी  
Prashant Kumar Choudhary  
जन्म तिथि/ DOB: 25/11/1991  
पुरुष / MALE



9703 2871 1714

आधार-आम आदमी का अधिकार

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



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: रंजीत कुमार  
चौधरी, चक दौलत, अकहा  
विशुनपुर, समस्तीपुर,  
बिहार - 848132

Address:

S/O: Ranjeet Kumar Choudhary,  
chak daulat, Akaha Bishunpur,  
Samaspur,  
Bihar - 848132

9703 2871 1714

Aadhaar-Aam Admi ka Adhikar



2674, Gill Rd, Kartar  
 Nagar, Dasmesh Nagar, clear sky  
 New Kartar Nagar, 19.0 °C  
 25 Mar 2023 09:05 am



25.03.2023 9:39:59

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

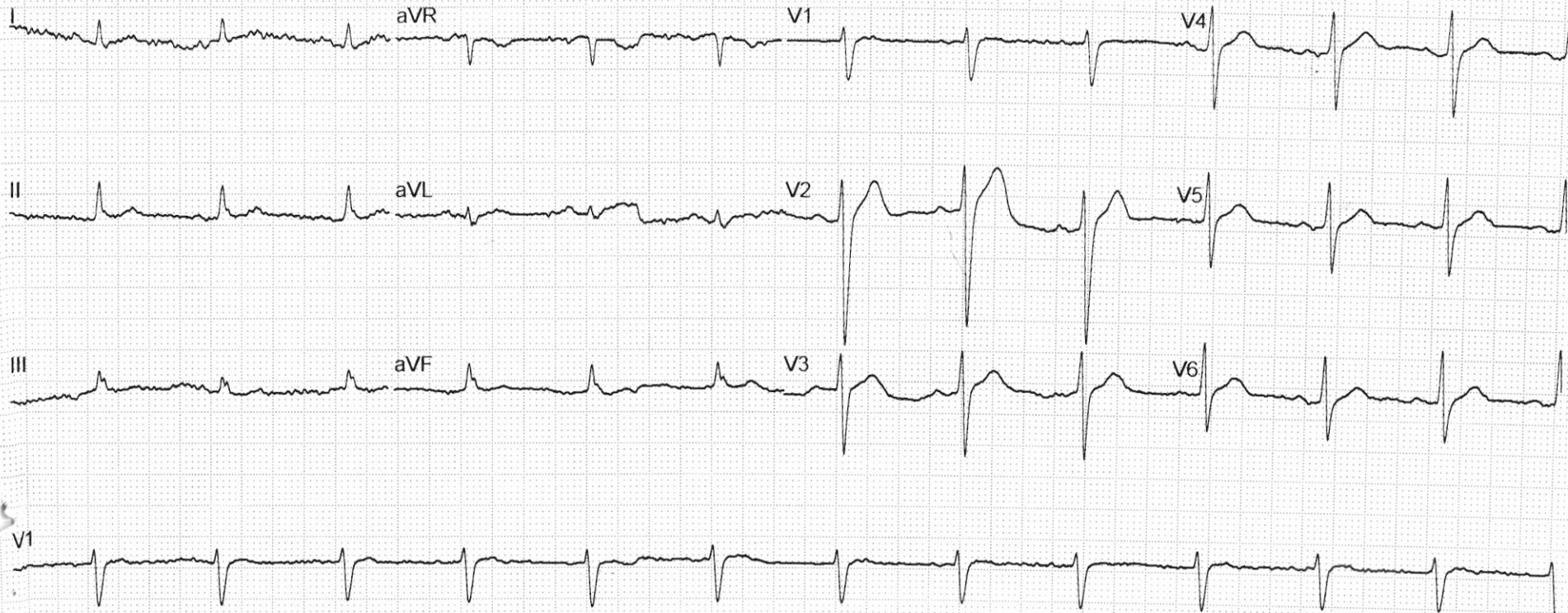
76 bpm  
--/-- mmHg

QRS : 102 ms  
QT / QTcBaz : 366 / 411 ms  
PR : 156 ms  
P : 86 ms  
RR / PP : 786 / 789 ms  
P / QRS / T : -10 / 58 / 25 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Dr. R.K. Mittal*  
Dr. R.K. Mittal  
M.B.B.S. MD (Genl)  
Registration No. 17307 (PNC)  
Consultant Physician & Chest Specialist



# Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH ACCREDITED



NAME Prashant Kumar Choudhary

AGE / SEX 31y / M

DATE 25-03-2023

REF. BY Bank of Baroda (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 : OK

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







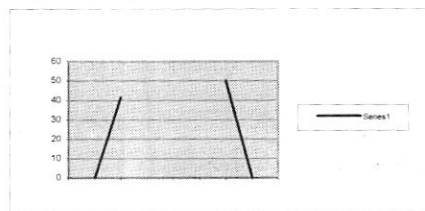
<b>ID.NO :-</b> 11	<b>Date :</b> 25/03/2023
<b>NAME :-</b> PRASHANT KUMAR CHOUDHARY	<b>AGE/SEX:</b> 31/Y /MALE
<b>REF BY:-</b> BANK OF BARODA	

## HAEMATOLOGY REPORT

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

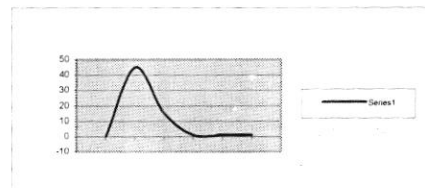
### LEUCOCYTES

W.B.C :	8.0	10 <sup>3</sup> /uL	4.0 - 11.0
LYM :	41.6	%	20.0-45.0
MIXED :	8.2	%	3.0 - 10.0
GRA :	50.2	%	40.0-75.0



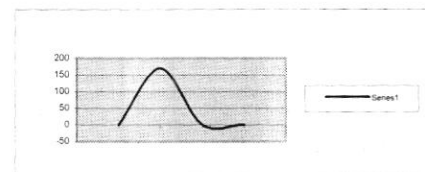
### ERYTHROCYTES

R.B.C :	6.10	10 <sup>6</sup> /uL	3.5-5.5
HB :	14.3	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT :	45.0	%	26.0-50.0
MCV :	73.8	fL	82.0-92.0
MCH :	23.4	pg	27.0-32.0
MCHC :	31.8	g/dL	32.0-36.0
RDW-SD :	41.8	fL	37.0-52.0



### THROMBOCYTES

PLT :	170	10 <sup>3</sup> /uL	150 - 450
PDW :	12.3	fL	9.0-17.0
MPV :	9.2	fL	9.0-13.0
P-LCR :	20.8	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 5 mm/1st Hr. 00 - 20

COMMENTS

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40192

NAME : PRASHANT KUMAR CHOUDHARY  
AGE/SEX : 31Y/M  
REF BY : BANK OF BARODA  
DATE : 25.03.2023


## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	94mg/dl
PPBS	70-140mg/dl	114mg/dl
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.99mg/dl
URIC ACID	3.0-7.2mg/dl	7.24mg/dl
BUN/SR.CREATININE RATIO	9:1-23:1 RATIO	26.2:0 RATIO
CHOLESTEROL	140-200mg/dl	257mg/dl
TRIGLYCRIDE	60-160mg/dl	157mg/dl
CHOLESTEROL HDL	35-60 mg/dl	40mg/dl
CHOLESTEROL LDL	60-150 mg/dl	186mg/dl
VLDL	20-40 mg/dl	31mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	6.4:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	4.6mg/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.
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  
Reg No. 40195





**NAME : PRASHANT KUMAR CHOUDHARY**  
**AGE/SEX : 31Y/M**  
**REF BY : BANK OF BARODA**  
**DATE : 25.03.2023**

## LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.82mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.23mg/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
ALK. PHOSPHATASE	108-305 Units/L	232Units/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	0.86 RATIO

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**Dr. SURBHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. 40193

**NAME : PRASHANT KUMAR CHOUDHARY**  
**AGE/SEX : 31Y/M**  
**REF BY : BANK OF BARODA**  
**DATE : 25.03.2023**

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.28	%

### Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ 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

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



NAME : PRASHANT KUMAR CHOUDHARY  
AGE/SEX : 31Y/M  
REF BY : BANK OF BARODA  
DATE : 25.03.2023

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.352 ng/ml	0.70-2.04 ng/ml
T4	6.18 µg/dl	4.6-10.5 µg/dl
TSH	0.752 µIU/ml	0.40-4.20µIU/ml

### Recommendation:-

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Dr. SURBHI GOYAL  
MB.B.S. M.D. (PAI) (D.J.G.Y.)  
CONSULTANT PATHOLOGIST  
Reg. No. 40199



NAME : PRASHANT KUMAR CHOUDHARY  
AGE/SEX : 31Y/M  
REF BY : BANK OF BARODA  
DATE : 25.03.2023

## • URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	DARK.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.025
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	3-4/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  
Reg No. 49109



NAME : PRASHANT KUMAR CHOUDHARY  
AGE/SEX : 31Y/M  
REF BY : BANK OF BARODA  
DATE : 25.03.2023

## URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

### \*Recommendation:-

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Dr. SURSHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg. No. 49109





**NAME : PRASHANT KUMAR CHOUDHARY**  
**AGE/SEX : 31Y/M**  
**REF BY : BANK OF BARODA**  
**DATE : 25.03.2023**

## 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:-**

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**Dr. SURSHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg. No. 40193



**Name** : PRASHANT KUMAR CHOUDHARY  
**Age/Sex** : 31Yrs/M  
**Date** : 25.3.2023

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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.

*R. K. Mittal*  
Dr R.K. Mittal  
MBBS MD (Chest)

DR.R.K.MITTAL  
Registration No. 7707 (PMC)  
Consultant Physician & Chest Specialist  
M.B.B.S, M.D.( Chest Specialist )

Patient's Name: PRASHANT KUMAR CHOUDHARY

DATE : 25/03/2023

Age/Sex : 31 Yrs/M

## ULTRASONOGRAPHY OF ABDOMEN

**LIVER :** Liver is mildly enlarged and shows fatty infiltrations.. 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 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: MILD FATTY LIVER.**

*Dr. R.S. Maheshwari*

MBBS M.D (Pead)

**DR.R.S. MAHESHWARI** RASONOLOGIST

(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