



# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROPOSAL NO. : 3285  
S. NO. : 109163  
**NAME** : **MR. RAJAN JAIN** **AGE/SEX: 50/M**  
REF. BY : LIC  
Dat : OCTOBER, 11, 2024

## BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	101.50	mg/dl	70-115



\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico - legal cases.



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## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.014

### **CHEMICAL EXAMINATION**

Reaction : ACIDIC  
Albumin : Nil /HPF  
Reducing Sugar : Nil. /HPF

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 1-2. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 2-3. /HPF  
Casts : Nil.  
Crystals : Nil. /HPF  
Bacteria : Nil.  
Others : Nil.

\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*



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**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001 (Revised 2020)

Branch Code:  
Proposal/ Policy No: 5285  
MSP name/code :  
Date & Time of Examination: 11/10/2024  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: U-D ID Proof No. 1710  
( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and Identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

1	Full name of the life to be assured: <u>MR. RAJAN JAIN.</u>		
2	Date of Birth: <u>9/2/1974</u>	Age: <u>50 Yrs</u>	Gender: <u>MALE</u>
3	Height (In cms): <u>165</u>	Weight ( in kgs ) : <u>78</u>	
4	Required only in case of Physical MER		
	Pulse : <u>76/M</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>84</u> 2. Systolic <u>118</u> Diastolic <u>80</u>	

**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	<p>a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) ) is yes -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>No</u>
6	<p>In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b>? Please specify date , reason ,advised by whom &amp; findings.</p>	<u>No</u>
7	<p>Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports</p>	<u>No</u>



8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	no
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or Irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b> ?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	no
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	no
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	no
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	no
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	no
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	no
15	Suffering or ever suffered from any <b>physical impairment/ disability/ amputation</b> or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	no
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	no
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other <b>Mental / psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	no
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	no
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	no
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	no



For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

<b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT          WHETHER LIFE TO BE ASSURED APPEARS MENTALLY          AND PHYSICALLY HEALTHY</b>	YES
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Declaration

You Mr/Ms Rajen Jain declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

**RAJAN JAIN.**

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 11 day of 10 20 24 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: DELHI  
Date: 11/10/2024

Signature of Medical Examiner  
Name & Code No:  
Stamp:





भारत सरकार

Government of India



नाम है

Rajan Jain

जन्म तिथि: 09/03/1974

पुंन पुरुष



2978 3266 1710

UID: 8132 4761 6452 6029

मेरा आधार, मेरी पहचान

**ELITE  
DIAGNOSTIC**

Medicare Health Insurance TPA Ltd.  
New Delhi

 **GPS Ma**

**Delhi, Delhi, India**

11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, D  
110005, India

Lat 28.648769°

Long 77.182555°

11/10/24 01:15 PM GMT +05:30