

Health Check up Booking Request(43E1230)

1 message

8 October 2024 at 12:34

Medsave <it@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : GEETANSH MALIK

Proposal No : 3133

Branch Code : 119

Contact Details : 9988776605

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D,
New Delhi, Delhi 110049

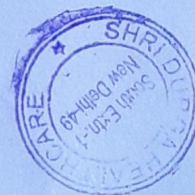
Appointment Date : 08-10-2024

Member Information		
Booked Member Name	Age	Gender
GEETANSH MALIK	22 year	Male

Included Test -

- Urine Analysis
- ELISA Test for HIV
- Hb%
- Lipidogram
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

Thanks,
Medsave
Team



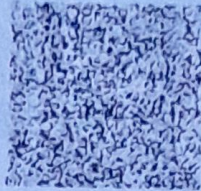
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GHEPM6485E



Dr. Manish PAL
MBBS.

नाम / Name
GEETANSH MALIK

पिता का नाम / Father's Name
TARUN MALIK

जन्म का तिथि /
Date of Birth
22/11/2001

Geetansh
हस्ताक्षर / Signature

25092020

Geetansh



Let
KIRTI RANI

Development Officer (1577)
Life Insurance Corporation of India
Branch Unit-119, 38-C, Defence Colony, New Delhi-11
(M) 9873428519, Kirti_yerma243@yahoo.com



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

119

Proposal No : 3133

Name of Life to be assured: Geetansh malik

The Life to be assured was identified on the basis of: PHN

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at MD on the 68/10/24 day of 24 at 8.20 a.m./p.m.

Signature of the Pathologist (Name & Rubber stamp) Qualification: MAHESH PAL MBS (MD)

Signature of the Cardiologist (if LA has undergone CTMT / ECG) Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured: Geetansh
Name.....



Reports enclosed.

- 1..... F.M.R
- 2..... Hb%.
- 3..... ECG
- 4..... R.V.A
- 5..... HIV





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

Branch Code: 8119
Proposal/ Policy No: 3133
MSP name/code: 0018
Date & Time of Examination: 68/10/24
Medical Diary No & Page No:

8:20 Am

Mobile No of the Proposer/Life to be assured: _____
Identity Proof, verified: Plan ID Proof No. GHEPM6485E
(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. madh (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>Greetansh Malik</u>		
2	Date of Birth: <u>22/11/2001</u>	Age: <u>23</u>	Gender: <u>male</u>
3	Height (In cms): <u>176</u>	Weight (in kgs) : <u>84</u>	
4	Required only in case of Physical MER		
	Pulse : <u>76</u>	Blood Pressure (2 readings): 1. Systolic <u>112</u> Diastolic <u>78</u> 2. Systolic <u>112</u> Diastolic <u>78</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 treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ?</p> <p>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>	/ NO
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 diagnostic tests?</p> <p>Please specify date , reason ,advised by whom & findings.</p>	/ NO
7	<p>Suffering or ever suffered from Novel Coronavirus (Covid-19) 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.</p> <p>If yes provide all investigation and treatment reports</p>	/ NO



Dr. MAHESH PAL
MBBS. (MD)

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes 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 endocrine disorders 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, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability /amputation 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 disorder of the Stomach / 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 Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any abnormality 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 -1.00 D/E
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



Dr. Mahesh Pal
MBBS, (MD)



For Female Proponents only		
i.	Whether pregnant? If so duration.	N/A
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	
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY		Yes

Declaration

You Mr/Ms Geetansh Malik 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.

Geetansh

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 ___ day of ___ 20___ 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:
Date:
Stamp:

ND
08/10/24

Dr. MAHESH PAL
(M.B.B.S., MD)
Signature of Medical Examiner
Name & Code No:





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GEETANSH MALIK	Sex:	MALE
Lab. No:	202401005	Age:	22
Date:	8/10/2024	Ref. By	LIC

LIPIDOGRAM

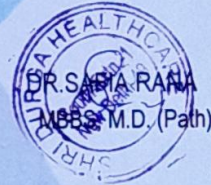
<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Total Cholesterol	140	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	84	mg/dl	50 - 150
S. Triglycerides	70	mg/dl	25 - 160

SEROLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Hemoglobin (HB)	12.8	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



SDHC



3, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

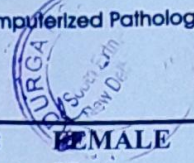
Note Valid For Medico-legal Purposes

Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT



Name:	GEETANSH MALIK	Sex:	<input checked="" type="checkbox"/> MALE
Lab. No:	202401005	Age:	22
Date:	8/10/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.010	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	1-1	0 -5 /HPF
Epithelial Cells	2-1	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

DR SAFIA RANA
MBBS, M.D. (Path)

SDHC



63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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NARINDER
DR. SIDHAR
DR. POOJA

sdurga HEALTHCARE

(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED



GPS Map Camera



New Delhi, Delhi, India
D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,
India
Lat 28.572248°
Long 77.221445°
08/10/24 08:28 AM GMT +05:30



DR. MAHESH PAL
MBBS, T.M.A.