

❖ 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: Surbhi Ghai Age & Sex: 23y/F Date of MER: 12/04/24
 Identification Mark: Nil ID Proof: UID Card
 Ht: 1.53 Wt: 66 Chest Exp/Insp: 94/97 Abd: 80 PR: 69/m BP: 100/60
 BMI: 28

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	<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.....

Surbhi Ghai

Signature of Doctor.....

Dr. 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

Seal of Centre.....

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 BOB vide Proposal Form bearing no _____ dated 12/04/24

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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. Others <u>CxR, Eyes Check up</u> | | |

I have furnished my ID Proof VID bearing ID No. 235928509912 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; 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) <div style="text-align: center;"><u>Surbhi Ghai</u></div> <hr/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <div style="text-align: center;"><u>Surbhi Ghai</u></div>	Signature of Visiting/Attending Doctor <div style="text-align: center;"><u>Dr. R. J. Maheshwari</u></div> M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A. Consultant Physician & Cardiologist Name of Visiting/Attending Doctor <u>LIFE LINE HOSPITAL</u> GILL ROAD, LUDHIANA-141003 Registration No 34970 MC Registration No: <u>34970</u> <hr/> Doctor Stamp with date <u>12/04/24</u>
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Self Declaration & Special COVID-19 Consent

Date 12/04/24

Day:

Time:

Patient's Name/Client Name Swathi Ghai

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? 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.

Swathi Ghai
Patient's Signature with Name

Doctor's Signature & Name
Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (E.V.)
Consultant Physician
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970



भारत सरकार
Unique Identification Authority of India

Enrollment No 0206/44151/01378

To,
Surbhi Ghai
D/O: Krishan Kumar
House No- #B-1 606
Near Goal Park
Kunder Puri , Civi Lines,
Ludhiana
Ludhiana Bharat Nagar Chowk Ludhiana
Punjab 141001

25/06/2015

Ref: 10626 / 29F / 2742724 / 2742789 / P



SE822959578FT



आपका आधार क्रमांक / Your Aadhaar No. :

2359 2850 9912

आधार - आम आदमी का अधिकार

Dr. R.S. Maheshwari

M.D. (Paed) PG-M.S. (Ex.) M.I.A.P
Consultant Physician & Child Specialist

LIFE-LINE HOSPITAL

GILL ROAD, LUDHIANA-141003

Registration No. 34970



Surbhi Ghai
DOB : 07/06/2000
Female



2359 2850 9912

आधार - आम आदमी का अधिकार

Surbhi Ghai

- Life General Insurance Co.
- Aegon Life Insurance Co. Ltd.
- MetLife Sun Life Insurance Co. Ltd.
- MET Life Insurance Co. Ltd.
- BNL Pramerica Life Insurance
- Bharti Axa General Insurance Co.
- Bajaj Allianz Life Insurance Co.
- Bajaj Allianz General Insurance
- Katak Life Insurance Co. Ltd.
- HDFC Standard Life Insurance Co.
- IDBI Federal Life Insurance Co.
- Royal Sundaram General Insurance
- Canara HSBC Life Insurance Co.

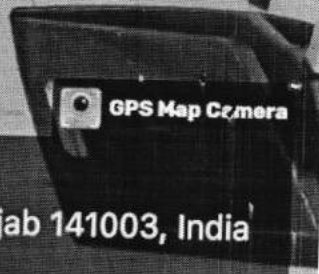


Important

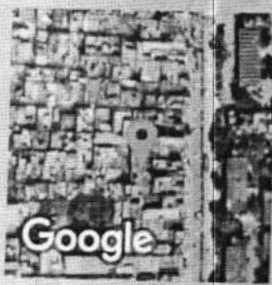
1. Please Bring Originals for Any Pre-Insurance
2. Center Will Not Conduct or Lab Test Without O
3. Please Come Fasting For L As Per The Instructions Alre By Your Corporate or T.P.A.
4. Please Keep Silence, Wait for And Switch Off Your Mobile
5. Please Fill The "Feed us Back And Do Not Hesitate to Tell If Faced Any Problem In The Ce

YOU ARE UNDER CCTV SURVEILLANCE

Dr. R.S. Jhoshwar
 M.B.B.S. M.D. (Paed) D.M.S. (Ex.) M.I.A.P
 Consultant Physician & Child Specialist
 LIFE LINE HOSPITAL
 CIVIL ROAD, LUDHIANA-141003



Ludhiana, Punjab, India
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India
 Lat 30.883846°
 Long 75.858118°
 12/04/24 10:42 AM GMT +05:30



LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



Dated: 12/04/2024

TO WHOM IT MAY CONCERN

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

Dr. R.S. Maheshwari
DR. S.M.D. (Paed) PCMS (Ex) M.I.A.P
Consultant Paediatric & Child Specialist
MBBS, M.D.
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME Surbhi Ghai

EMP.CODE _____

AGE / SEX 23y / F

DATE 12/4/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-1.00	—		6/6	-1.00	—		6/6
FOR NEAR ADD			—					

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____



DOCTOR SIGNATURE

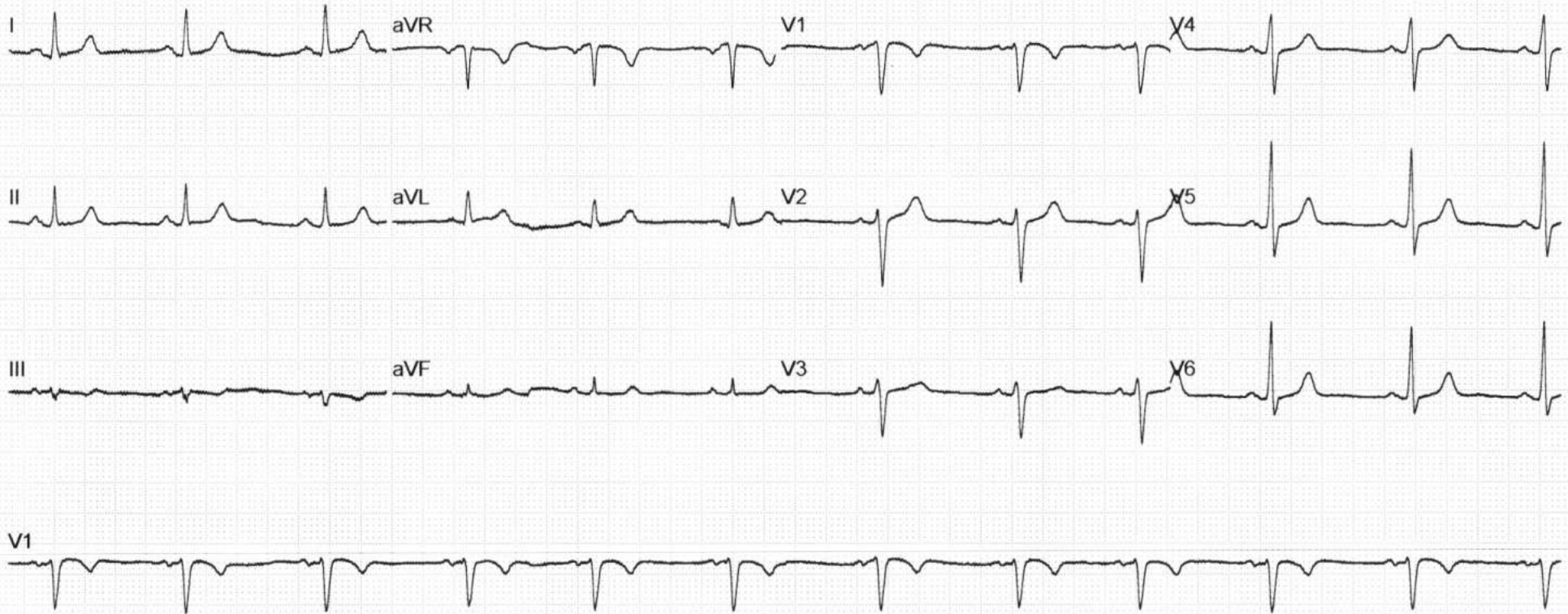
QRS : 88 ms
QT / QTcBaz : 366 / 392 ms
PR : 134 ms
P : 110 ms
RR / PP : 872 / 869 ms
P / QRS / T : 43 / 20 / 22 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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

[Handwritten signature]



LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



Lab ID. :	07	Date :	12/04/2024
Name :	SURBHI GHAI	Age/Sex :	23 Years/Female
Ref. By :	BANK OF BARODA	Mac. No. :	851

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	5.69	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	25.9	%	20.0 - 50.0	
Mixed%	8.4	%	3.0 - 10.0	
Neutrophils%	65.7	%	50.0 - 70.0	
Lymphocytes#	1.47	10 ³ /uL	0.6 - 4.1	
Mixed#	0.48	10 ³ /uL	0.1 - 1.8	
Neutrophils#	3.74	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	12.0	g/dl	11.0 - 16.0	<p>RBC</p>
R.B.C Count	4.62	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	38.4	%	36.0 - 47.0	
MCV	83.0	fl	80.0 - 99.0	
MCH	28.0	pg	27.0 - 32.0	
MCHC	33.3	g/dl	32.0 - 36.0	
RDW-SD	45.5	fl	35.0 - 56.0	
RDW-CV	14.0	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	315	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	8.9	fl	7.4 - 10.4	
PDW	11.1	fl	10.0 - 17.0	
PDW-CV	15.3	%	10.0 - 17.0	
PCT	0.268	%	0.108 - 0.280	
P-LCR	20.2	%	13.0 - 43.0	
P-LCC	64.0	10 ³ /uL	30 - 90	
ESR	13	mm 1st hr	0 - 20	
Blood Group	"O" POSITIVE			

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

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME : SURBHI GHAI
AGE/SEX : 23Y/F
REF BY : BANK OF BARODA
DATE : 12.04.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	77mg/dl
PPBS	70-140mg/dl	85mg/dl
UREA(BUN)	15-45mg/dl	24mg/dl
CREATININE	0.7-1.5mg/dl	0.79mg/dl
URIC ACID	3.0-6.2mg/dl	5.41mg/dl
CHOLESTEROL	140-200mg/dl	150mg/dl
TRIGLYCRIDE	60-160mg/dl	117mg/dl
CHOLESTEROL HDL	35-60 mg/dl	44mg/dl
CHOLESTEROL LDL	60-150 mg/dl	83mg/dl
VLDL	20-40 mg/dl	23mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.4:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.8mg/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

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME : SURBHI GHAI
AGE/SEX : 23Y/F
REF BY : BANK OF BARODA
DATE : 12.04.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
S.G.O.T.	5-50Units/L	33Unit/L
S.G.P.T	5-50Unit/L	39Unit/L
S.G.G.T	9-52Unit/L	26Unit/L
BILIRUBIN TOTAL	<1.2mg/dl.	0.82mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.23mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.59mg/dl
ALKALINE PHOSPHATASE	108-305Unit/L	188Unit/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
S.ALBUMIN	3.2-4.5mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0mg/dl	3.0mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1gm/dl

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40198

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME : SURBHI GHAI
AGE/SEX : 23Y/F
REF BY : BANK OF BARODA
DATE : 12.04.2024

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.42	%

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 a \bar{s} 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:-

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

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME : SURBHI GHAI
AGE/SEX : 23Y/F
REF BY : BANK OF BARODA
DATE : 12.04.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.25 ng/ml	0.70-2.04 ng/ml
T4	5.10 µg/dl	4.6-10.5 µg/dl
TSH	1.240µIU/ml	0.40-4.20µIU/ml

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Dph No. 41195

NAME : SURBHI GHAI
AGE/SEX : 23Y/F
REF BY : BANK OF BARODA
DATE : 12.04.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	DARKYELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.015
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	2-3/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 29195

Name : SURBHI GHAI
Age/Sex : 23 YRS/F
Date : 12/4/2024

X-ray Chest PA 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.

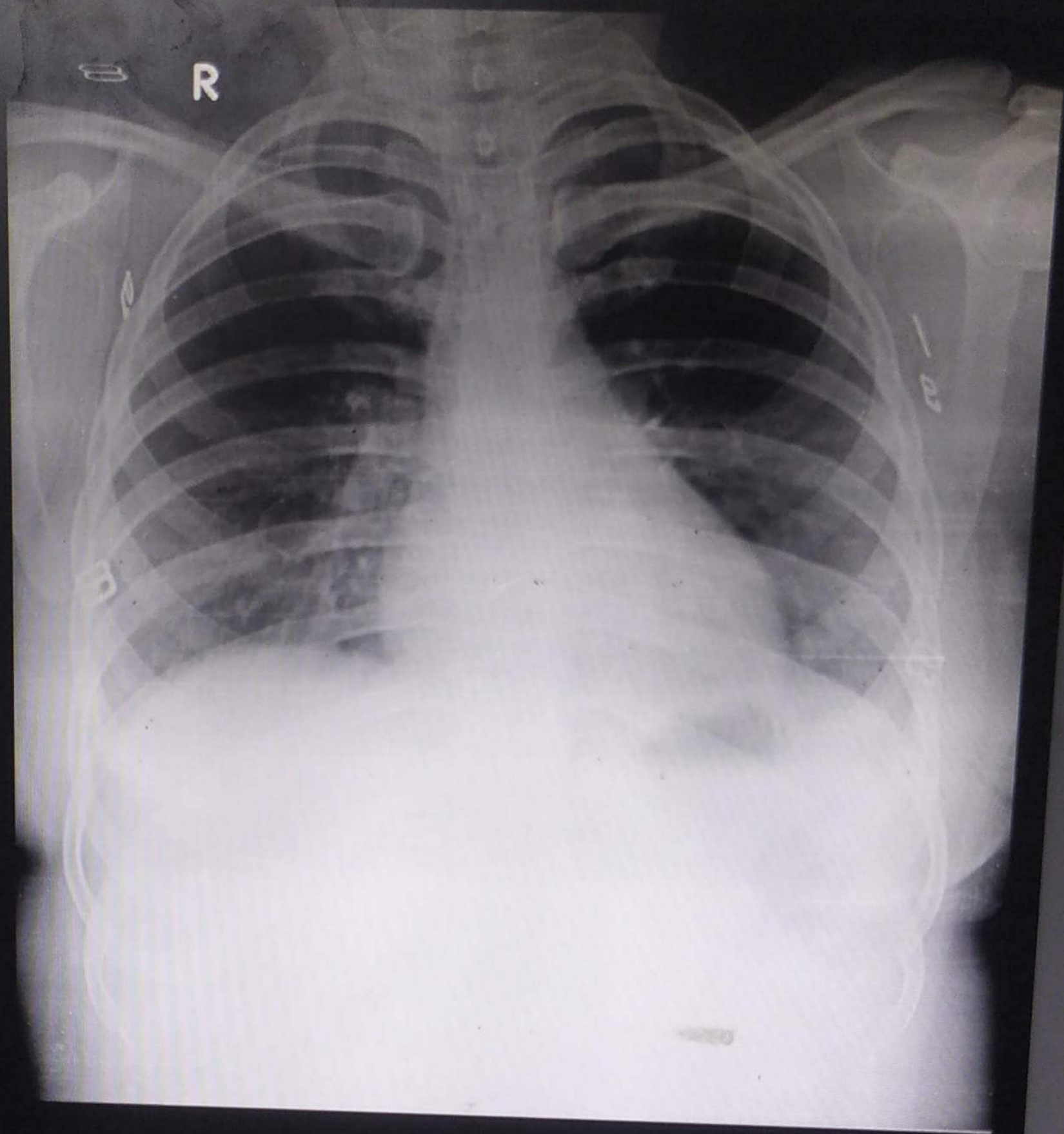

DR. R.S. MAHESHWARI

M.B.B.S., M.D.

Dr. R.S. Maheshwari
M.B.B.S., M.D., P.C.M.S. (Ex.) M.I.A.P.

Reg No. 34970
Consultant Physician & Child Specialist

LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Ph 34970



SURBHI GHAI 23 173 F CHEST,FRN P->A 12-04-2024 11:17 AM
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA