

Health Check up Booking Request(43E1524)

1 message

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

23 October 2024 at 15:34



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 : MS VIMLA DEVI  
Proposal No : 3313  
Branch Code : 119  
Contact Details : 9971536579  
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049  
Appointment Date : 24-10-2024

Member Information		
Booked Member Name	Age	Gender
MS VIMLA DEVI	58 year	Female

Included Test -

- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000
- ECG

Thanks,  
Medsave  
Team





विमला

Dr. PREETI DHIMAN  
M.B.B.S.



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

119

3313

Proposal No

Vimla Devi

Name of Life to be assured:

Pam

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

Pam

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

ND 22/10/24

on the

day of 2024

at 10:20 a.m./p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification:

DR. PREETI DHIRAN M.B.B.S

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

Vimla

Name.....

Reports enclosed.

- 1..... FMR
- 2..... ECG
- 3.....
- 4..... FBC
- 5.....





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

Branch Code: 119  
Proposal/ Policy No: \_\_\_\_\_  
MSP name/code: 0018  
Date & Time of Examination: 22/10/24  
Medical Diary No & Page No: \_\_\_\_\_

10. 20A-

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: pan ID Proof No. DYLPA 6353 M  
(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. preeti..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

प्रीति

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

1	Full name of the life to be assured: <u>Vimla Devi</u>		
2	Date of Birth: <u>11/11/66</u>	Age: <u>58</u>	Gender: <u>Female</u>
3	Height (In cms): <u>1.55</u>	Weight (in kgs): <u>77</u>	
4	Required only in case of Physical MER		
	Pulse: <u>76</u>	Blood Pressure (2 readings): 1. Systolic <u>128</u> Diastolic <u>88</u> 2. Systolic <u>128</u> Diastolic <u>88</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 ?</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>	<p>NO</p>
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>?</p> <p>Please specify date, reason, advised by whom &amp; findings.</p>	<p>NO</p>
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.</p> <p>If yes provide all investigation and treatment reports</p>	<p>NO</p>



Dr. PREETI DHIMAN  
M.B.B.S.



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 <b>Circulatory disorder</b> ?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or <b>enlarged lymph nodes</b> ?	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</b> / 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 <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 Mental / <b>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

Dr. PRADEEP K. SHARMA  
M.B.B.S.



<b>For Female Proponents only</b>	
i. Whether pregnant? If so duration.	NO
ii. Suffering from any pregnancy related complications	NO
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	NO

<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 Vimla Devi 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.

*Vimla Devi*

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:

MD

22/10/24

Signature of Medical Examiner  
Name & Code No:

*Preetha*  
Dr. PREETHA M.B.B.S



**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: *Vimla Devi*

Age/Sex : *58 / F*

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness \_\_\_\_\_

*[Signature]*  
Signature or Thumb Impression of L.A.

**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? *Y/N*
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? *Y/N*
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? *Y/N*

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at *ND* on the day of *22/10/24* 20*24*

*[Signature]*  
Signature of L.A.

*[Signature]*  
Signature of the Cardiologist

Name & Address  
Qualification

Code No.

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
155	77	120/88	76

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	✓
Standardisation Impv	101-	PR Interval	✓
Mechanism	✓	QRS Complexes	✓
Voltage	✓	Q-T Duration	✓
Electrical Axis	✓	S-T Segment	✓
Auricular Rate	60/L	T-wave	✓
Ventricular Rate	60/L	Q-Wave	✓
Rhythm	sinus		
Additional findings, if any.	no		

Conclusion:

WNL

Dated at

M.D. on the day of 22/12/24 20 24 10:20 AM

Signature of the Cardiologist

Name & Address

Qualification

Code No.





# SHRI DURGA HEALTH CARE

Ms. VINILA DEVI

ID : 65

AGE/SEX : 58 Yr / F

HT/WT :

DATE : 22-10-2024 10:35:50 AM

REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.



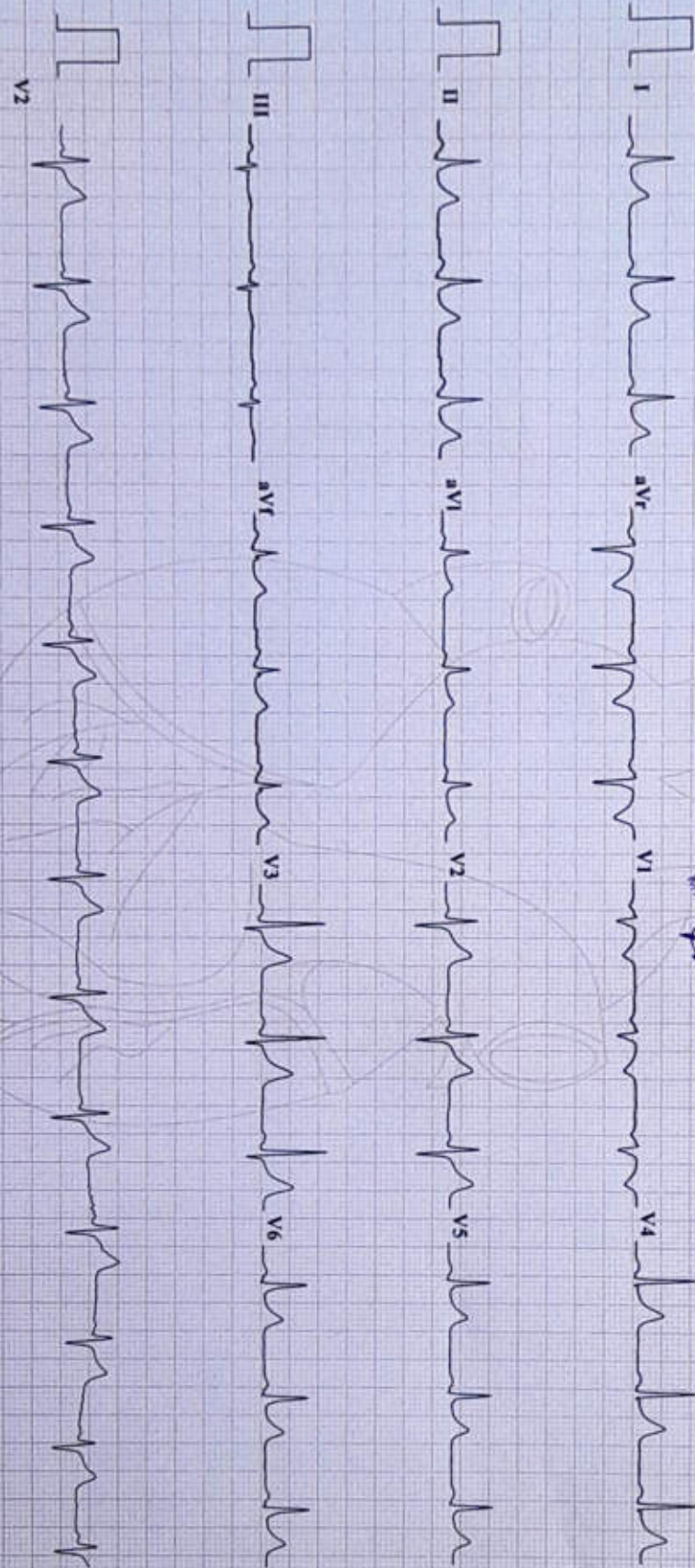
RATE : 79 bpm  
BP : N/A  
P Axis : 62 deg  
QRS Axis : 27 deg  
T Axis : 38 deg

P Duration : 112 ms  
PR Duration : 115 ms  
QRS Duration : 89 ms  
QT Interval : 313 ms  
QTc Interval : 348 ms

Speed : 25 mm/s  
Sensitivity : 10 mm/mV

Linked Median

WNL  
M.D. Dr. RAJ KUMAR  
M.B.B.S., D.M.D. Card. E.N.C.



Filtered(35 Cycle) And Base Corrected

UNO ENL, Indore, TN. +91-731-4630015, Fax: +91-731-4611181, E-Mail: enl@shridurgahc.com, Web: www.uno-enl.com, ECG Ver: 1.0.1

Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	VIMLA DEVI	Sex:	FEMALE
Lab. No:	202401004	Age:	58
Date:	22/10/2024	Ref. By	LIC

## BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Blood Sugar Fasting	92	mg/dl	70-140

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



SDHC

D-63, 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

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



**Shri Durga** HEALTHCARE  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

DR. HARINDER  
DR. SIDDHART  
DR. POOJA

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DR. PREETDHIMAN  
2024

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°

22/10/24 10:23 AM GMT +05:30



Google