

❖ 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 Sandeep Kaul Age & Sex 27/F Date of MER 17/7/21

Identification Mark MOLE on near Lt. eye ID Proof VID Card

Ht. 149 Wt. 54 Chest Exp/Insp 87/92 Abd. 89 PR. 85 BP. 100/60

Any Operation

NO

Any Medicine Taken

K/c/o - 13 weeks Pregnancy (LMP - 15/4/21) EDD - 19/1/22

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.....

Sandeep Kaul

Signature of Doctor.....

Dr. R. V. 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-141005  
 Registration No. 34970

**Self Declaration & Special COVID-19 Consent**

Date: 17/7/21

Day: July

Time:

Patient's Name/Client Name

Sandeep Kumar

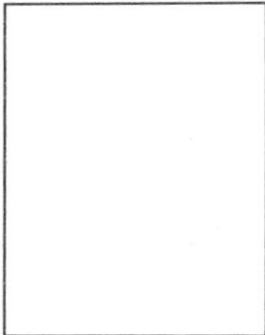
Age: 27

Sex: F

CaseNo/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 offences in IPC

*Sandeep Kumar*  
Patient's Signature with Name

*Dr. R.S. M...*  
M.B.B.S., M.D. (Paed) P.C.M.S. (E.C.M.I.A.P)  
Consultant Physician & Child Specialist  
LIFE LINE HOSPITAL  
GILL ROAD, LUDHIANA-141003  
Registration No. 34970

Doctor's Signature & Name

## 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 Proposal Form bearing no \_\_\_\_\_ dated 17/7/21

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"/>            |
| <input type="checkbox"/> PFT, TMT, Pap Smear, X-Ray refused by client due to pregnancy. |   |  |
| 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>USG, 2D Echo</u>   |   |  |

I have furnished my ID Proof VID Card bearing ID No. 5522 9855 2611 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
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- Upkeep of hospital
 

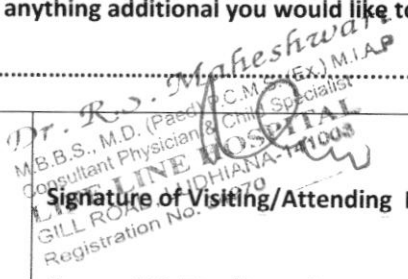
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Technology & Skills
 

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Please remark if the medical check procedure was satisfactory
 

Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour 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) <u>Sandeep Kumar</u> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>Sandeep Kumar</u> <u>17/7/21</u>	<div style="text-align: center;">  </div> Signature of Visiting/Attending Doctor <u>[Signature]</u> Name of Visiting/Attending Doctor _____ MC Registration No: <u>34970</u> Doctor Stamp with date <u>17/7/21</u>
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भारत सरकार  
GOVERNMENT OF INDIA



Issue Date: 21/04/2021

**Sandeep Kaur**  
ਜਨਮ ਮਿਤੀ / DOB: 25/12/1993  
ਔਰਤ / FEMALE  
Mobile No.: 6280853787

Issue Date: 10/04/2021

**5522 9855 2611**  
VID : 9156 9931 2663 6571

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

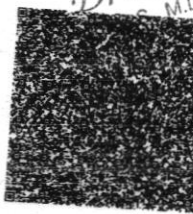
*Sandeep Kaur*



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address:

C/O: Harpreet Singh, Kothe Hari Singh,  
Agwar Lapon Kalan, Jagraon, Ludhiana,  
Punjab - 142026



**5522 9855 2611**  
VID : 9156 9931 2663 6571



1947



help@uidai.gov.in



www.uidai.gov.in

*Dr. R.S. Makshwara*  
M.D. (Paed) P.C.M.S. (Ext. M.A.P)  
Physician & Child Specialist  
HOSPITAL  
LUDHIANA-141003  
Ph No. 34970

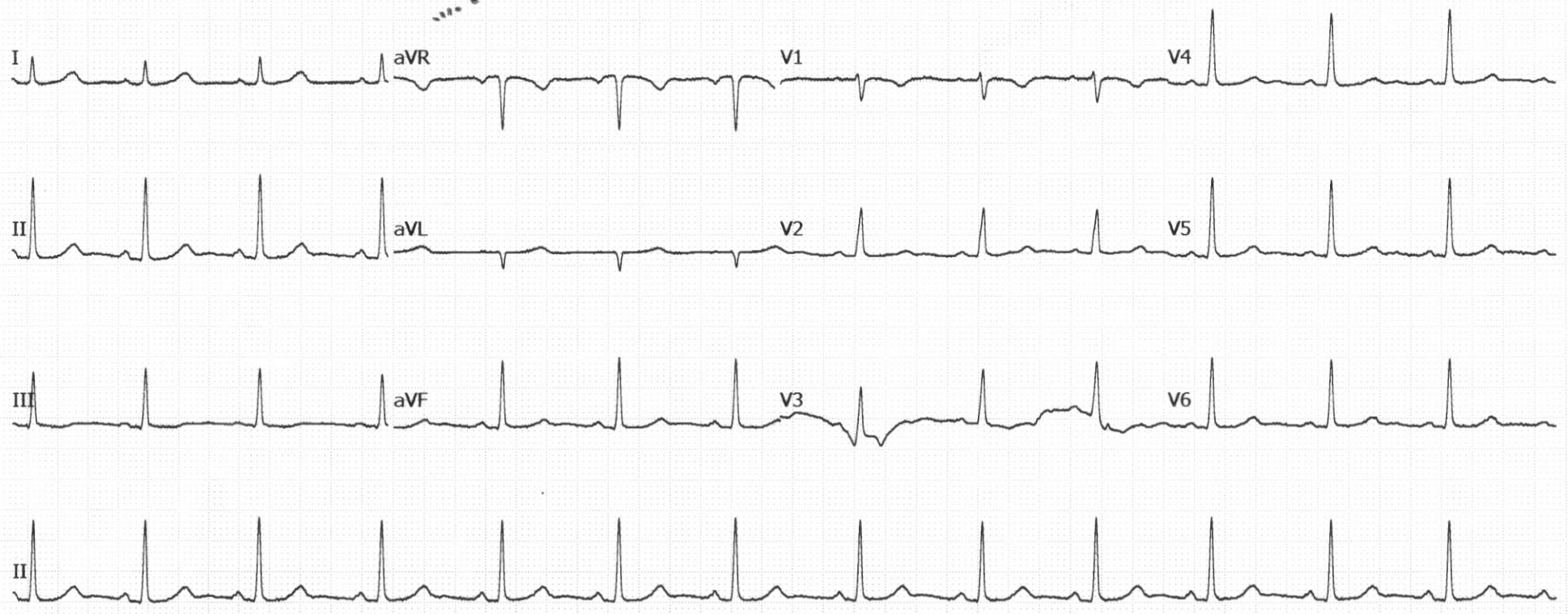
Female

QRS : 80 ms      Normal sinus rhythm  
 QT / QTcBaz : 386 / 440 ms      Normal ECG  
 PR : 136 ms  
 P : 86 ms  
 RR / PP : 764 / 769 ms  
 P / QRS / T : 57 / 71 / 48 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*me*  
 VISITING CONSULTANT  
 Dr. Rishi Lal Gupta  
 MBBS MD (Medicine)  
 Chest & Heart Specialist  
 All India Institute of Medical Sciences

*Sandeep kaur*





**Impol**

1. Please Bring for Any Pre-
2. Center Will or Lab Test
3. Please Come As Per The Ins By Your Corpo
4. Please Keep And Switch
5. Please Fill In And Do Not Face Any

YOU ARE UNDER

**Dr. R. J. Maheshwari**  
 B.S., M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P.  
 Consultant Physician & Child Specialist  
**LIFELINE HOSPITAL**  
 UDHIANA-141003  
 34970





NAME : SANDEEP KAUR  
AGE/SEX : 27Y/F  
REF BY : BANK OF BARODA  
DATE : 17.07.2021

**TEST ASKED : -T3,T4,TSH**

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	174.63ng/ml	70-204 ng/ml
T4	8.3µg/dl	4.6-10.5 µg/dl
TSH	2.3791µIU/ml	0.4-4.2µIU/ml

**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



<b>ID.NO :-</b> 2	<b>Date :</b> 17/07/2021
<b>NAME :-</b> SANDEEP KAUR	<b>AGE/SEX:</b> 27/Y /FEMALE
<b>REF BY:-</b> BANK OF BARODA	

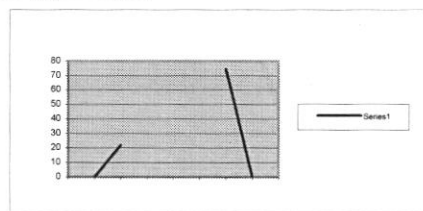
## HAEMATOTOLOGY REPORT

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

### LEUCOCYTES

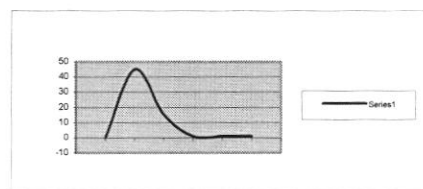
Parameter	Value	Unit	Reference Range
W.B.C	10.5	10 <sup>3</sup> /uL	4.0 - 11.0
LYM	21.8	%	20.0-45.0
MIXED	3.7	%	3.0 - 10.0
GRA	74.5	%	40.0-75.0

### REFERENCE RANGE



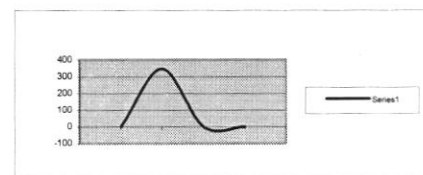
### ERYTHROCYTES

Parameter	Value	Unit	Reference Range
R.B.C	4.10	10 <sup>6</sup> /uL	3.5-5.5
HB	10.5	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	33.1	%	26.0-50.0
MCV	80.7	fL	82.0-92.0
MCH	25.6	pg	27.0-32.0
MCHC	31.7	g/dL	32.0-36.0
RDW-SD	44.9	fL	37.0-52.0



### THROMBOCYTES

Parameter	Value	Unit	Reference Range
PLT	348	10 <sup>3</sup> /uL	150 - 450
PDW	12.5	fL	9.0-17.0
MPV	10.4	fL	9.0-13.0
P-LCR	28.2	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 27 mm/1st Hr. 00 - 20

COMMENTS

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



NAME : SANDEEP KAUR  
AGE/SEX : 27Y/F  
REF BY : BANK OF BARODA  
DATE : 17.07.2021

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	71mg/dl
PPBS	70-140mg/dl	108mg/dl
BILLIRUBIN TOTAL	<1.2mg/dl.	0.79mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.16mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.63mg/dl
S.G.O.T.	5-50Units/L	49Units/L
S.G.P.T.	5-50 Units/L	41Units/L
GAMMA GT	9-52 Units/L	30Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
ALBUMIN	3.5-5.3mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.1gm/dl
ALK. PHOSPHATASE	108-305 Units/L	135Units/L
UREA(BUN)	15-45mg/dl	24mg/dl
CALCIUM	8.5-10.4mg/dl	9.0mg/dl
CREATININE	0.7-1.5mg/dl	0.78mg/dl
URIC ACID	3.0-7.2mg/dl	5.85mg/dl
CHOLESTEROL	140-200mg/dl	184mg/dl
TRIGLYCRIDE	60-160mg/dl	125mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	113mg/dl
VLDL	20-40 mg/dl	25mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.45mg/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.

Dr. SURBHI GOYAL  
MBBS, M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST



**NAME : SANDEEP KAUR**  
**AGE/SEX : 27Y/F**  
**REF BY : BANK OF BARODA**  
**DATE : 17.07.2021**

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.27	%

### Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ years	4.0 - 6.0
At risk	$\geq 6.0$ to $\leq 6.5$
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

**Recommendation:-** 1. This report is not valid for medico legal purposes.

- The test can be repeated free of cost in case of any discrepancy.
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**NAME : SANDEEP KAUR**  
**AGE/SEX : 27Y/F**  
**REF BY : BANK OF BARODA**  
**DATE : 17.07.2021**

## URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

### **\*Recommendation:-**

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4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

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M.B.B.S M.D (PATHOLOGY)  
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NAME : SANDEEP KAUR  
AGE/SEX : 27Y/F  
REF BY : BANK OF BARODA  
DATE : 17.07.2021


## URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.030
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	1-2/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

### **Recommendation:-**

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**MAGNUS DIAGNOSTIC  
& INTERVENTION CENTRE**  
PRIVATE LIMITED

**Dr. Gurneet Singh Chhina**

M.D. Radiodiagnosis (PGI)  
Regd. No. : 25514

H.No. 170, Mall Enclave, Dr. Likhi Road, LUDHIANA - 141 001

Tel.: +91-161-5051155, 5094050 (M) **98155-42133**

E-mail : [drgurneet@hotmail.com](mailto:drgurneet@hotmail.com)

**ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT**

**NAME SANDEEP KAUR 23 F. DR. R.S. MAHESHWARI.**

**DATED Saturday, July 17, 2021.**

**MITRAL VALVE**

Normal opens well. No MR  
Mitral E=0.72 m/sec A=0.49 m/sec

**AORTIC VALVE**

Tricuspid, opens well. No AR.  
Aortic V max= 1.02 m/sec

**TRICUSPID VALVE**

Normal opens well. No TR

**PULMONARY VALVE**


Opens normally, No PR  
Pulmonary V max = 0.72 m/sec

**PERICARDIUM**

No pericardial effusion seen.

**2D ECHO FINDING**

LV is normal size with good contractility.  
LA, RA & RV are normal shape and size.  
IAS, IVS intact.  
No clot or vegetation seen.



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E-mail : [drgurneet@hotmail.com](mailto:drgurneet@hotmail.com)

<u>MEASUREMENT</u>	<u>ACTUAL VALUES</u>	<u>NORMAL VALUES</u>
Aortic Root	2.3	2.0-3.7CM.
Left Atrium	2.6	2.6-4.0 CM.
Left Ventricular ED DIM	4.0	3.0-5.6CM.
Left Ventricular ES DIM	2.4	2.2-4.0CM.
Inter Vent.Septum ED/ES	0.8/1.0	0.6-1.1CM.
Left Vent.P.Wall ED/ES	0.9/1.0	0.6-1.1CM.
RVID (D)	/	1.0-2.6CM.

### LEFT VENTRICULAR FUNCTION PARAMETERS

LEFT VENTRICULAR EF	60%	50+ 75%
LEFT VENTRICULAR FS	30%	24+-42%

### FINAL DIAGNOSIS

- Normal LV systolic function LVEF 60%.

#### DECLARATION OF DOCTOR

I DR. GURNEET SINGH CHHINA DECLARE THAT WHILE CONDUCTING ECHOCARDIOGRAPHY OF Sandeep 28 f, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO ANY BODY IN ANY MANNER.



**DR. GURNEET SINGH CHHINA.**  
M.D. RADIODIAGNOSIS (PGI).





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E-mail : [drgurneet@hotmail.com](mailto:drgurneet@hotmail.com)

**OBST ULTRASOUND SCAN**

**SANDEEP KAUR 2<sup>nd</sup> F. SATURDAY, JULY 17, 2021.**

**REF DR. R.S. MAHESHWARI .**

**PRESENTATION** – breech

**PLACENTA** –anterior over the body.

**CERVICAL LENGTH** = 3 cms. Internal OS is closed

**AMNIOTIC FLUID** volume is within normal limits. The deepest pocket of the AF is 3.4 cms deep.

**AFI** –12 estimated.

**BPD** = 21 mms CORROSPONDING TO 13 WEEKS POG  $\pm$  1 week

**HC** = 79 mms CORROSPONDING TO 13 WEEKS POG  $\pm$  1 week

**AC** = 65 mms CORROSPONDING TO 13 WEEKS POG  $\pm$  1week

**FL** = 18 mms CORROSPONDING TO 13 WEEKS POG  $\pm$  1 week

**OFD** = 25mms

**AVRAGE AGE BY USG** = CORROSPONDING TO 13 WEEKS 1 DAY.

**L.M.P.** – 15/04/2021.

**EDD** = 19/01 /2022.

**EFW** = 77 gms

**FHR** = 160 beats /min,regular.

**FL/BPD** =61%

**FL/AC** =20%

**FL/HC** =16%

**HC/AC** = 121%

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*A fetal anatomy survey was performed showing the following to be normal.*

*Long bones of the arm and legs, supratentorial brain, atrial and lateral ventricles, posterior fossa, cistern magna, nuchal skin fold thickness. **Face, nose, lips** and palate are within normal limits. **Heart:** four chamber view, right and left ventricular outflow tracts, **fetal heart rate** is = 160 beats /min, regular. Umbilical cord, right /left kidneys, bladder and three vessel cord are normal. **Ossification centers** in the spine are normal. **Both lateral ventricles** are not dilated cavum septum pellucidum is seen and appears normal choroid plexus are normal bilaterally **Fetal spine** and abdominal wall are normal.*

**IMPRESSION:-**

**SINGLE LIVE FOETUS WITH OF 13 WEEKS 1 DAYS POG WITH BREECH PRESENTATION AT THE TIME OF EXAMINATION.**

**DECLARATION OF DOCTOR**

**I DR. GURNEET SINGH CHHINA DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON SANDEEP KAUR 28F. I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO ANY BODY IN ANY MANNER.**



**DR.GURNEET SINGH CHHINA.**  
**M.D.RADIODIAGNOSIS.(PGIMER)**  
**REG NO -25514**