

SUMIT KUMAR 35 4551 M CHEST,FRN P->A 30-03-2024 09:38 AM  
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA

❖ 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 Sumit Kumar Age & Sex 25/M Date of MER 30/3/24

Identification Mark Scar mark on (L+) Hand Thumb ID Proof UID Card

Ht. 172 Wt. 81.1kg Chest Exp/Insp. 100 / 104 Abd. 96 PR. 63/min BP 120/80  
 BMI  $\rightarrow$  27

Any Operation

H/O - Haemorrhoidectomy done in 2016 at Amandeep Hospital, Patiala

Any Medicine Taken

NO

Any Accident

NO

Alcohol/Tabacco/Drugs

Beer

Consumption

Duration

12 yrs

Qty

30-60ml

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

Signature of Dr. R. J. Maheshwari

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

Seal of Centre

**LIFE LINE HOSPITAL**  
 3111 ROAD LUDHIANA-141003  
 Phone: 0181-3-370

## 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 30/3/2024.

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 _____                                |   |  |

I have furnished my ID Proof UID Card bearing ID No. 203804382734 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
 

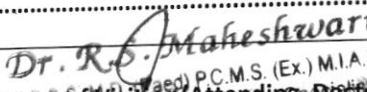
	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills
 

	<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"/>
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(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)  <hr/> Name of the Life to be Insured with date <u>30/3/24</u> (Proposer (in case of Life insured being minor)  <u>Sumit kumar</u>	<div style="text-align: center;">                       Signature of Visiting/Attending Doctor                      Consultant Physician &amp; Child Specialist  <b>LIFE LINE HOSPITAL</b>                      GILL ROAD, LUDHIANA-141003                      Name of Visiting/Attending Doctor                 </div> <hr/> MC Registration No: <u>34970</u>  Doctor Stamp with date <u>30/3/24</u>
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**Self Declaration & Special COVID-19 Consent**

Date: 30/03/24  
Patient's Name/Client Name

Day: \_\_\_\_\_  
Sumit Kumar

Time: \_\_\_\_\_

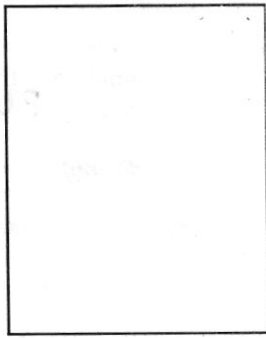
Age: 31yrs

Sex: male

Case No/Proposal no

Address:

Profession:



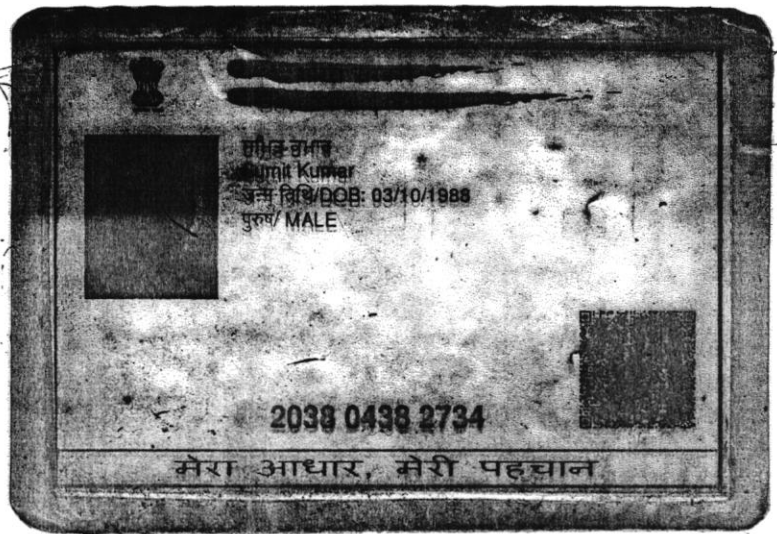
- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No
- 2) Have you travelled outside India and came back during pandemic of COVID 19 or  
Have you come from other country during pandemic of COVID 19? Yes/No
- 3) Have you travelled anywhere in India in last 60 days? Yes/No
- 4) Any Personal 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.

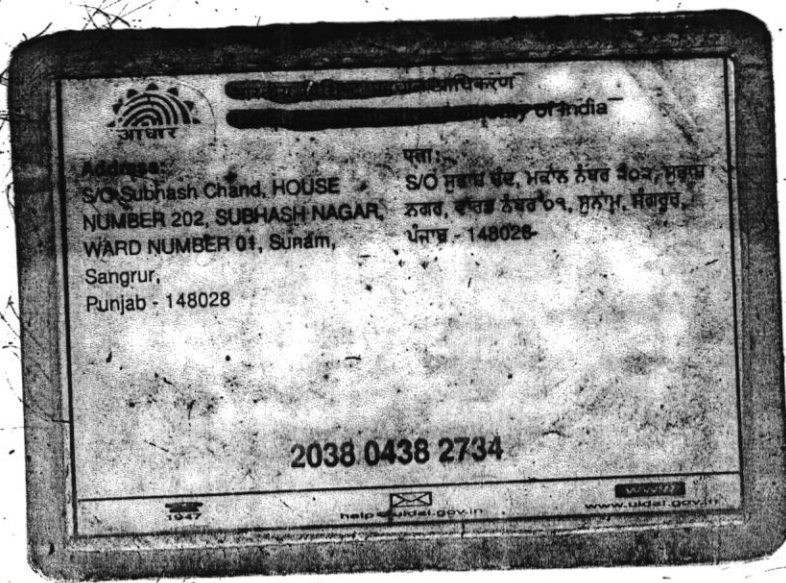
Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Patient's Signature with Name

**Dr. R.S. Maheshwari**  
Doctor's Signature & Name  
M.D. (Gen. P.M.S.) (EX.)  
Consultant Physician & Child Specialist  
**FELINE HOSPITAL**  
BRO-D, LUDHIANA-141002  
Registration No. 34970



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





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YOU ARE UNDE

Insurance Comp  
Health Check-u

- Future Generali Health
- TATA AIG General Insur
- Apollo Munich Health I
- Aviva Life Insurance C
- Star Health and Allied
- Union Dai-ichi Lif
- Sa. India Life Insur
- P. are Health Insur
- Max Life Insurance Co
- helweiss Tokio Life In
- ri Ram Life Insuranc
- la MS General Insu
- T. A AIA Life Insuranc
- In a First Life Insur
- Ex e Life Insurance C
- IC I Lombard
- IC I Prudential
- Cig a TTK Health Insu
- Co. Ltd. • Rel nce General Insur
- d. • L B General Insuranc

**Dr. R.S Maheshwar:**  
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GPS Map Camera



Ludhiana, Punjab, India  
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India  
 Lat 30.883733°  
 Long 75.858195°  
 30/03/24 09:20 AM GMT +05:30

QRS : 90 ms  
QT / QTcBaz : 394 / 403 ms  
PR : 148 ms  
P : 84 ms  
RR / PP : 956 / 952 ms  
P / QRS / T : 32 / 61 / 47 degrees

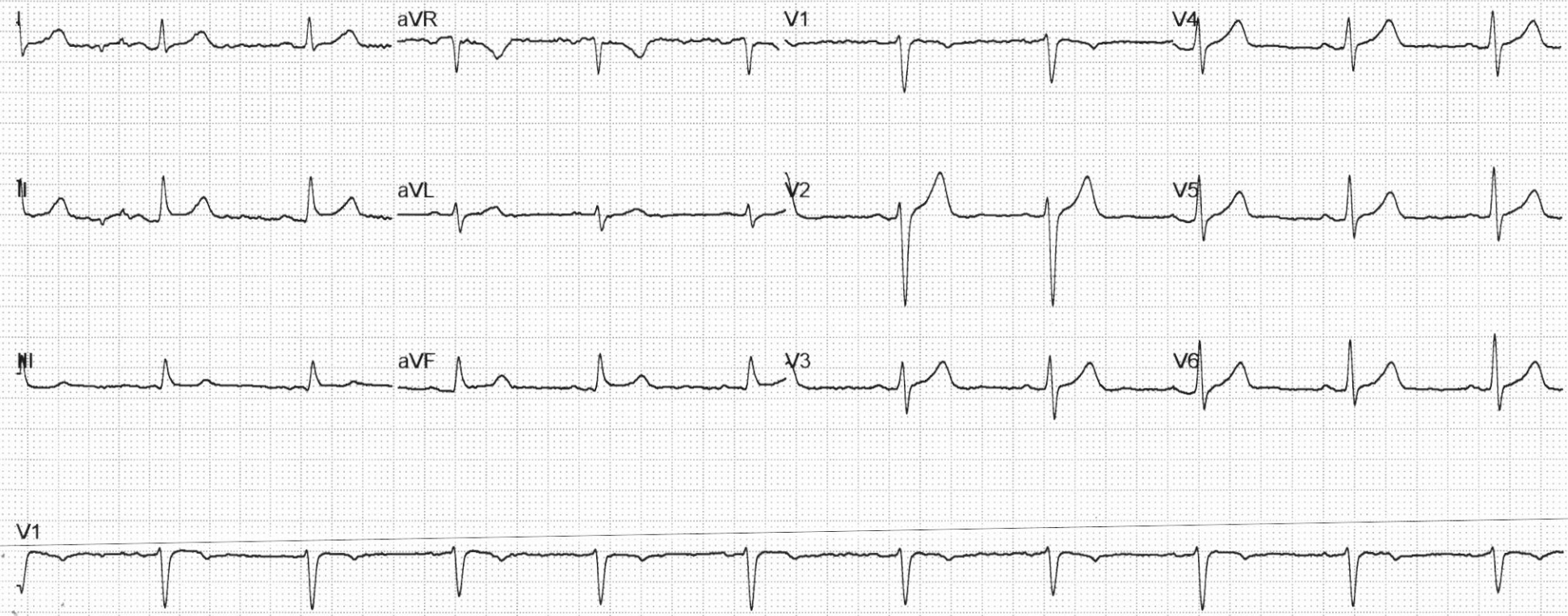
Normal sinus rhythm  
Normal ECG

*Handwritten signature*

*Handwritten signature*

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:





# Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited



NAME Sumit Kumar

EMP.CODE \_\_\_\_\_

AGE / SEX 35y/M

DATE 30/3/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-0.75			6/6	-1.00			6/6
FOR NEAR ADD								

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: \_\_\_\_\_

**ENT DEPARTMENT**  
**LIFELINE HOSPITAL**  
**DOCTOR'S SIGNATURE (EDITED)**  
GILL ROAD, LUDHIANA  
CONTACT No. 0161-4646792





Lab ID.:	02	Date :	30/03/2024
Name :	SUMIT KUMAR	Age/Sex :	35/ Years/Male
Ref. By :	BANK OF BARODA	Mac. No. :	617

## Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
<b>LEUKOCYTES</b>				
Total WBC Count	7.04	10 <sup>3</sup> /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	30.0	%	20.0 - 50.0	
Mixed%	7.4	%	3.0 - 10.0	
Neutrophils%	62.6	%	50.0 - 70.0	
Lymphocytes#	2.11	10 <sup>3</sup> /uL	0.6 - 4.1	
Mixed#	0.52	10 <sup>3</sup> /uL	0.1 - 1.8	
Neutrophils#	4.41	10 <sup>3</sup> /uL	2.0 - 7.8	
<b>ERYTHROCYTES</b>				
Hemoglobin	15.4	g/dl	12.0 - 17.0	<p>RBC</p>
R.B.C Count	5.73 H	10 <sup>6</sup> /uL	3.50 - 5.50	
Haematocrit(PCV)	46.3	%	36.0 - 47.0	
MCV	80.8	fl	80.0 - 99.0	
MCH	26.9 L	pg	27.0 - 32.0	
MCHC	33.3	g/dl	32.0 - 36.0	
RDW-SD	45.1	fl	35.0 - 56.0	
RDW-CV	15.2 H	%	11.5 - 14.5	
<b>THROMBOCYTES</b>				
Platelets Count	285	10 <sup>3</sup> /uL	150 - 450	<p>PLT</p>
MPV	10.4 H	fl	7.4 - 10.4	
PDW	13.0	fl	10.0 - 17.0	
PDW-CV	15.2	%	10.0 - 17.0	
PCT	0.297 H	%	0.108 - 0.280	
P-LCR	30.1	%	13.0 - 43.0	
P-LCC	86.0	10 <sup>3</sup> /uL	30 - 90	
ESR	04	mm 1st hr	0 - 20	
Blood Group	"O" POSITIVE			

*Surbhi*

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



NAME : SUMIT KUMAR  
AGE/SEX : 35Y/M  
REF BY : BANK OF BARODA  
DATE : 30.03.2024

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	75mg/dl
PPBS	70-140mg/dl	86mg/dl
UREA(BUN)	15-45mg/dl	20mg/dl
CREATININE	0.7-1.5mg/dl	0.72mg/dl
URIC ACID	3.0-7.2mg/dl	6.53mg/dl
CHOLESTEROL	140-200mg/dl	181mg/dl
TRIGLYCRIDE	60-160mg/dl	133mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	110mg/dl
VLDL	20-40 mg/dl	26mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	4.0:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.4mg/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  
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Reg No 40195



NAME : SUMIT KUMAR  
AGE/SEX : 35Y/M  
REF BY : BANK OF BARODA  
DATE : 30.03.2024

## LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.83mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.24mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.59mg/dl
S.G.O.T.	5-50Units/L	45Units/L
S.G.P.T.	5-50 Units/L	40Units/L
GAMMA GT	9-52 Units/L	36Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	105Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1 gm/dl

### Recommendation:-

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*Surbhi*

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

NAME : SUMIT KUMAR  
AGE/SEX : 35Y/M  
REF BY : BANK OF BARODA  
DATE : 30.03.2024

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.32	%

### 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:-

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Reg No: 10195





NAME : SUMIT KUMAR  
AGE/SEX : 35Y/M  
REF BY : BANK OF BARODA  
DATE : 30.03.2024

## TEST ASKED : -T3,T4,TSH

TEST NAME	RESULT	NORMAL RANGE
T3	0.99 ng/ml	0.70-2.04 ng/ml
T4	6.25µg/dl	4.6-10.5 µg/dl
TSH	1.953µIU/ml	0.40-4.20µIU/ml

### Recommendation:-

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Reg. No. 40195



NAME : SUMIT KUMAR  
AGE/SEX : 35Y/M  
REF BY : BANK OF BARODA  
DATE : 30.03.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.025
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	2-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

**Recommendation:-**

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M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 4019F



**Name** : SUMIT KUMAR  
**Age/Sex** : 35YRS/M  
**Date** : 30/3/2024

## X-ray Chest PA View

The cardiac size and shape is **enlarged**.

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.

## Cardiomegaly

*Dr. R.S. Maheshwari*

M.B.B.S. M.D. Paed. P.C.M.S. (Ex.) M.I.A.F

Consultant Physician (Paediatrics)  
**DR. R.S. MAHESHWARI**

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