

RAHUL MITTAL 37 4550 M CHEST,FRN P->A 30-03-2024 09:34 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 Rahul Mittal Age & Sex 36/M Date of MER 30/3/24

Identification Mark Mole on (L) Cheek ID Proof UID Card

Ht 167 Wt 68 kg Chest Exp/Insp 93/97 Abd 86 PR 67/min BP 110/70
 BMI \rightarrow 24

Any Operation NO

Any Medicine Taken NO

Any Accident NO

Alcohol/Tabacco/Drugs
 Consumption Alcohol Duration 10 yrs
 Qty 30ml - 60ml

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	NO	
Hypertension	NO	
Renal Complications	NO	
Heart Disease	NO	
Cancer	NO	
Any Other	NO	

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]

Signature of Doctor Dr. R.S. Maheshwari
 M.B.B.S. M.D. (Ped) P.C.M.S. (Ex) M.I.A.P
 Consultant Physician & Child Specialist
 Seal of Centre LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No 34970

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 30/3/24

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 _____ | | |

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

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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)

Name of the Life to be Insured with date
(Proposer (in case of Life insured being minor)

Rahul Mittal

Dr. R.S. Maheshwari
Signature of Visiting/Attending Doctor

M.B.B.S. M.D.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
Name of Visiting/Attending Doctor

Registration No. 34970

MC Registration No: 34970

Doctor Stamp with date 30/3/24

Self Declaration & Special COVID-19 Consent

Date: 30/03/24

Day:

Time:

Patient's Name/Client Name

Rohail Mittal

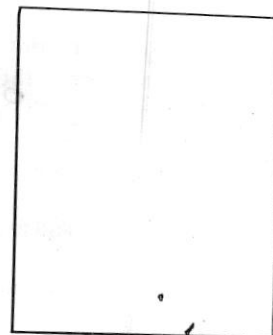
Age: 36 yrs

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

H/O - Covid free
in 2021.
match
Quarantined
at home
for 14 days

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.

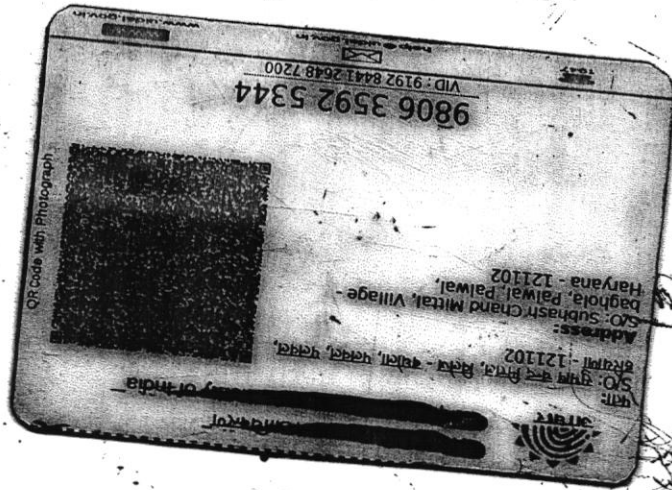
Patient's Signature with Name

Rohail Mittal

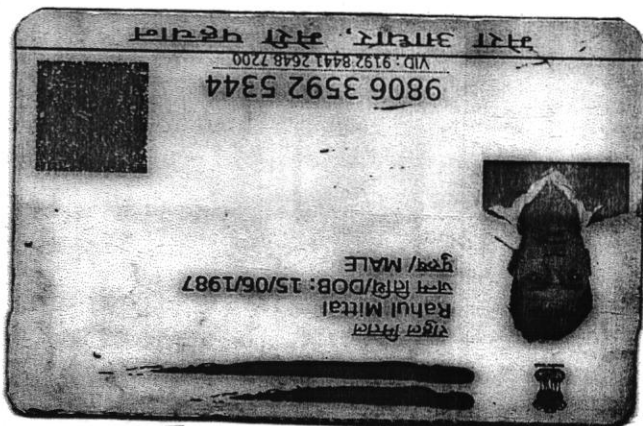
Dr. Doctor's Signature & Name

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

LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34570



Dr. R.S. Maheshwari
B.A.S. M.D. (Paed) P.C.M.S. (Paed)
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Insurance Comp
Health Check-u

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- TATA AIG General Insura
- Apollo Munich Health In
- Aviva Life Insurance Co.
- Star Health and Allied I
- Union Dai-ichi Life
- India Life Insura
- Reliance Health Insura
- Life Insurance Co.
- Swiss Tokio Life Ins
- Ram Life Insurance
- MS General Insur.
- AIA Life Insurance
- Ind First Life Insuranc
- Exia Life Insurance Co.
- ICIL Lombard
- ICIL Prudential
- Cigna TTK Health Insura
- Ltd. Reliance General Insura
- L&T General Insurance

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Google

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

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
(ISO 9001)



NAME Rahul Mittal

EMP.CODE _____

AGE / SEX 36y M

DATE 30/3/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-4.00	-0.50	180°	6/6	-4.75			6/6
FOR NEAR ADD	_____				_____			

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____

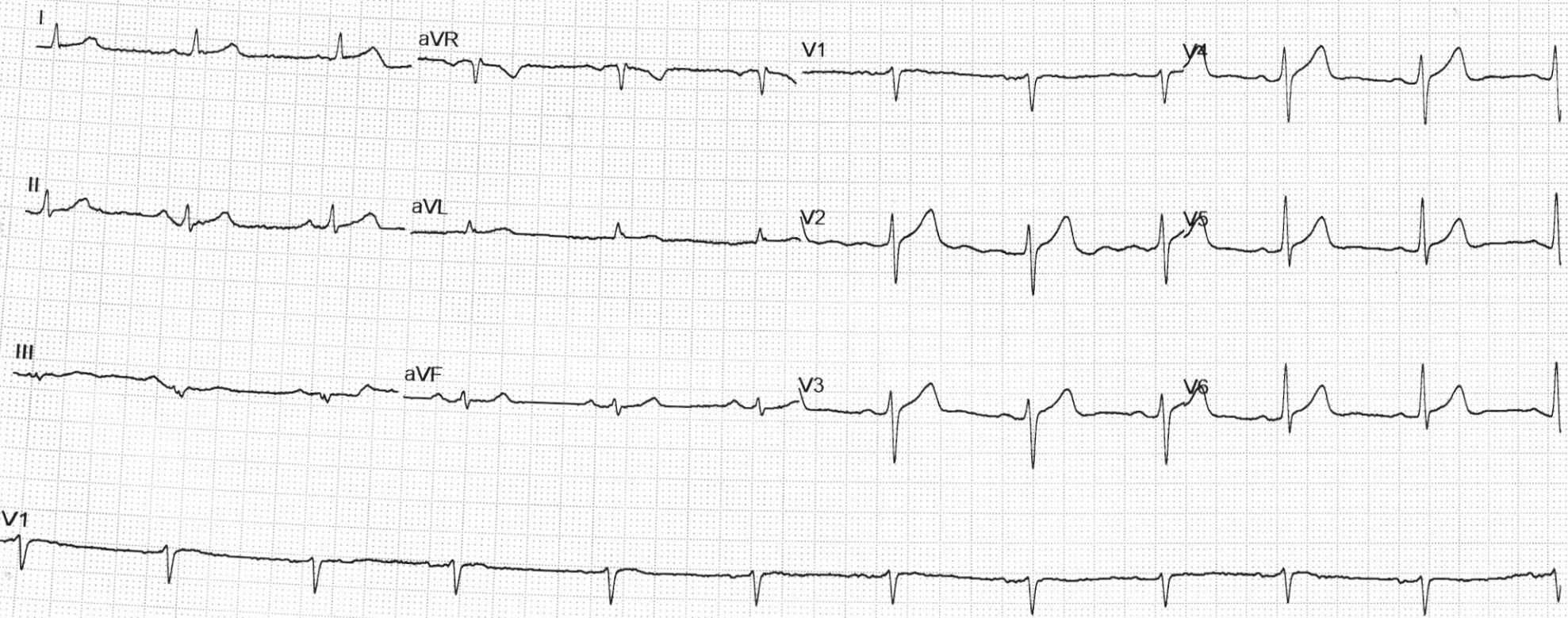
ENT DEPARTMENT
LIFELINE HOSPITAL
DOCTOR'S SIGNATURE
(GILL ROAD, LUDHIANA)
CONTACT No. 0161-4646792

QRS 78 ms
QT / QTcBaz 364 / 384 ms
PR 172 ms
P 90 ms
RR / PP 894 / 895 ms
P / QRS / T 65 / 24 / 48 degrees

Normal sinus rhythm
Normal ECG

Technician
Ordering Ph:
Referring Ph:
Attending Ph:

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





Lab ID :	01	Date :	30/03/2024
Name :	RAHUL MITTAL	Age/Sex :	36/ Years/Male
Ref. By :	BANK OF BARODA	Mac. No. :	625

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	5.12	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	30.0	%	20.0 - 50.0	
Mixed%	8.5	%	3.0 - 10.0	
Neutrophils%	61.5	%	50.0 - 70.0	
Lymphocytes#	1.54	10 ³ /uL	0.6 - 4.1	
Mixed#	0.44	10 ³ /uL	0.1 - 1.8	
Neutrophils#	3.14	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	13.9	g/dl	12.0 - 17.0	<p>RBC</p>
R.B.C Count	5.32	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	43.7	%	36.0 - 47.0	
MCV	82.2	fl	80.0 - 99.0	
MCH	26.2 L	pg	27.0 - 32.0	
MCHC	31.9 L	g/dl	32.0 - 36.0	
RDW-SD	45.6	fl	35.0 - 56.0	
RDW-CV	14.8 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	253	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	10.6 H	fl	7.4 - 10.4	
PDW	13.7	fl	10.0 - 17.0	
PDW-CV	16.1	%	10.0 - 17.0	
PCT	0.268	%	0.108 - 0.280	
P-LCR	31.8	%	13.0 - 43.0	
P-LCC	80.0	10 ³ /uL	30 - 90	
ESR	05	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 : RAHUL MITTAL
AGE/SEX : 36Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	78mg/dl
PPBS	70-140mg/dl	84mg/dl
UREA(BUN)	15-45mg/dl	23mg/dl
CREATININE	0.7-1.5mg/dl	0.82mg/dl
URIC ACID	3.0-7.2mg/dl	5.51mg/dl
CHOLESTEROL	140-200mg/dl	161mg/dl
TRIGLYCRIDE	60-160mg/dl	128mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	90mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.5:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.9mg/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.

Surbhi

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DATE : 30.03.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.77mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.22mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.55mg/dl
S.G.O.T.	5-50Units/L	26Units/L
S.G.P.T.	5-50 Units/L	20Units/L
GAMMA GT	9-52 Units/L	33Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	103Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.2mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.1gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.32:1gm/dl

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NAME : RAHUL MITTAL
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REF BY : BANK OF BARODA
DATE : 30.03.2024

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.36	%

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 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

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NAME : RAHUL MITTAL
AGE/SEX : 36Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P.YELLOW
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

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NAME : RAHUL MITTAL
AGE/SEX : 36Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.38 ng/ml	0.70-2.04 ng/ml
T4	5.55 µg/dl	4.6-10.5 µg/dl
TSH	1.580 µIU/ml	0.40-4.20 µIU/ml

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Reg No 40195



Name : RAHUL MITTAL
Age/Sex : 35 YRS/M
Date : 30/3/2024

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.

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DR. R.S. MAHESHWARI

Paediatric Physician & Child Specialist

LIFELINE HOSPITALS

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