

Health Check up Booking Request(43E1205)

1 message

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

8 October 2024 at 11:07



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 SAKSHI ARORA
Proposal No : 3370
Branch Code : 11F
Contact Details : 9873107570
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049
Appointment Date : 08-10-2024

Member Information		
Booked Member Name	Age	Gender
MS SAKSHI ARORA	33 year	Female

Included Test -

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,
Medsave
Team



आयकर विभाग

INCOME TAX DEPARTMENT

SAKSHI ARORA

KRISHAN LAL ARORA

31/08/1991

Permanent Account Number

AOVPA7298M

Sakshi Arora

Signature



भारत सरकार

GOVT. OF INDIA



Dr. *[Signature]* HIMAN
M.B.B.S



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

11-F

Proposal No

3370

Name of Life to be assured:

Sakshi Arora

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

pan

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.

08/10/24

Dated at

ND

on the

day of 2024

at 10:45

a.m./p.m.

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

[Signature]
DEEPTI DHIMAN
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
Name.....

[Signature]
Sakshi Arora

Reports enclosed.

- 1..... FMR
- 2..... ELG
- 3..... HBI
- 4..... SBF-13
- 5..... RUA





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

Branch Code: 11-E
 Proposal/ Policy No: 3370
 MSP name/code: 0018
 Date & Time of Examination: 08/10/24
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: pan ID Proof No. A0VPA7298M
 (In Case of Aadhaar Card, please mention only last four digits)

10:45 AM

[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. Pradeep..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Sakshi Arora

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

1 Full name of the life to be assured: Sakshi Arora
 2 Date of Birth: 31/8/91 Age: 33 Gender: female
 3 Height (In cms): 157 Weight (in kgs): 58.9
 4 Required only in case of Physical MER

Pulse: 78 Blood Pressure (2 readings):
 1. Systolic 120 Diastolic 76
 2. Systolic 120 Diastolic 76

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 a. Whether receiving or ever received any **treatment/ medication** including alternate medicine like ayurveda, homeopathy etc ?
 b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident?
 c. Whether visited the doctor any time in the last 5 years ?
 If answer to any of the questions 5(a) to (c) is yes -
 i. Date of surgery/accident/injury/hospitalisation
 ii. Nature and cause
 iii. Name of Medicine
 iv. Degree of impairment if any
 v. Whether unconscious due to accident, if yes, give duration

NO

6 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 **diagnostic tests**?
 Please specify date, reason, advised by whom & findings.

NO

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (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.

NO

If yes provide all investigation and treatment reports



Pradeep
 PREETI DHIMAN
 M.B.B.S



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes 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 endocrine disorders 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, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassaemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ 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 disorder of the Stomach / 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 / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any abnormality 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 HIV /AIDS/ Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



Dr. Preeti Himan
M.B.B.S

For Female Proponents only		
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

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	yes
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Declaration

You Mr/Ms Sakshi Arora 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.

Sakshi Arora

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:

ND
08/10/24

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

Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Sakshi Arora

Age/Sex : 33 / 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 or Thumb Impression of L.A. Sakshi Arora

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 MD on the day of 08/10/2024

Signature of L.A. Sakshi Arora

Signature of the Cardiologist Dr. RAJ KUMAR

Name & Address _____

Qualification _____

Code No. _____

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
157	58.9	120/76	78

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	supine	P Wave	Normal
Standardisation Imv	100	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60	T-wave	Normal
Ventricular Rate	60	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	also		

Conclusion:

WNL

Dated at

NAD on the day of 08/10/24 2024

Dr RAJ KUMAR

M.D. (Medicine) D. Card. Fr.

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

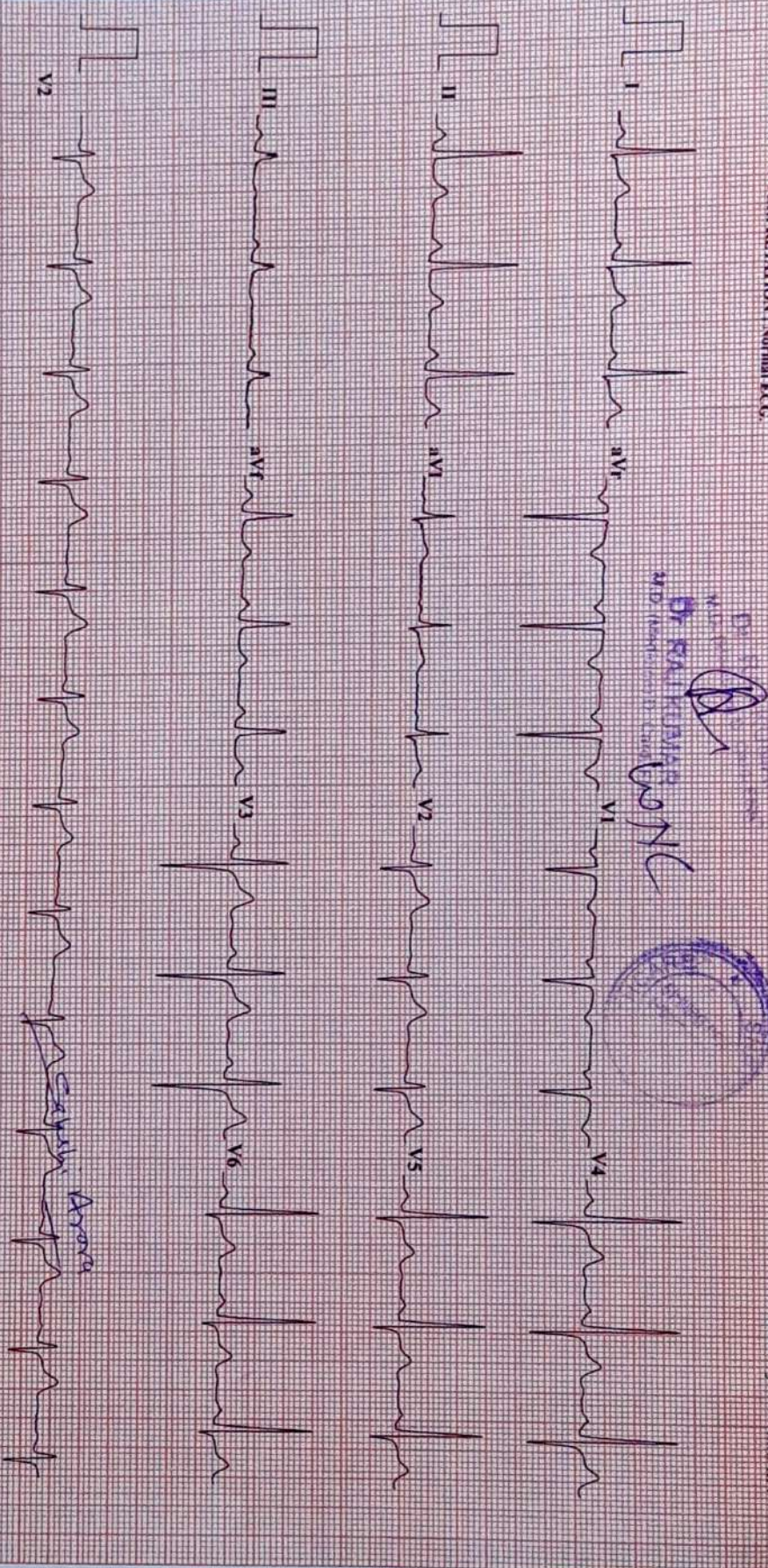
Ms. SAKSHI ARORA

ID: 38
 AGE/SEX: 33 Y/F
 HT/WT: /
 DATE: 08-10-2024 10:52:45 AM
 REF BY: Dr.
 MACHINE: INTERPRETATION: Normal ECG.

PATIENT: 79 bpm
 BP: N/A
 P AXIS: 58 deg
 QRS Axis: 45 deg
 T AXIS: 32 deg

P Duration: 122 ms
 PR Duration: 152 ms
 QRS Duration: 82 ms
 QT Interval: 350 ms
 QTc Interval: 385 ms

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



Filtered (35 Cycle) And Base Corrected

UNI-S&K, Indore, Tel: +91-731-4010015, Fax: +91-731-4031180, E-Mail: em@electromedicals.net, Web: www.un-s.com, ECG Ver 14.0.1



Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SAKSHI ARORA	Sex:	FEMALE
Lab. No:	202401006	Age:	33
Date:	8/10/2024	Ref. By:	LIC

Test Name	SBT13	Unit	Normal Value
FBS	90	mg/dl	70 - 110
Total Cholesterol	155	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	86.2	mg/dl	50 - 150
S. Triglycerides	134	mg/dl	25 - 160
S.Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	7.1	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.2	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.2	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	25	IU/L	5 - 45
GGTP(GGT)	19	IU/L	11 - 50
S.Alkaline Phosphatase	98	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	13.1	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)

DR. SAFIA RANA
MBBS, M.D. (Path)



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 Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SAKSHI ARORA	Sex:	FEMALE
Lab. No:	202401006	Age:	33
Date:	8/10/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.020	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-2	0 -5 /HPF
Epithelial Cells	2-3	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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

NARINDE

DR. SIDHAR

DR. POOLJA

sdurga HEALTHCARE
 (CHAUDHARY DURGA SINGH)
 HEALTHCARE PRIVATE LIMITED



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°
 08/10/24 11:45 AM GMT +05:30



DR. PREETI DEVI
Preeti
 M.B.B.S