



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROPOSAL NO. : 3285
S. NO. : 109163
NAME : **MR. RAJAN JAIN** **AGE/SEX: 50/M**
REF. BY : LIC
Dat : OCTOBER, 11, 2024

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	101.50	mg/dl	70-115

*****End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico – legal cases.



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ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.014

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 2-3. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

*****End of The Report*****

Please correlate with clinical conditions.



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

Branch Code: _____
 Proposal/ Policy No: 5285
 MSP name/code : _____
 Date & Time of Examination: 11/10/2024
 Medical Diary No & Page No: _____

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: 0-7D ID Proof No. 1710
 (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 (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: MR. RAJAN JAIN.
 2 Date of Birth: 9/2/1974 Age: 50 yrs Gender: MALE
 3 Height (In cms): 165 Weight (in kgs) : 78
 4 Required only in case of Physical MER

Pulse : 76/M Blood Pressure (2 readings):
 1. Systolic 120 Diastolic 84
 2. Systolic 118 Diastolic 80

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

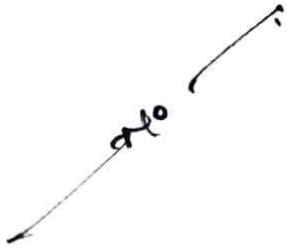
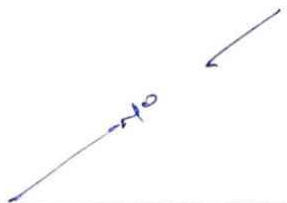
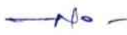






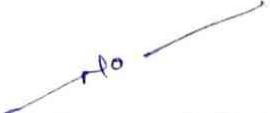



6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**?
 Please specify date , reason ,advised by whom &findings.

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), 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.
 If yes provide all investigation and treatment reports

No



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>	
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>	
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?	
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.?	
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	
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?	
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?	
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>	
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?	
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.)	
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.	



For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
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

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 Rajan Jain 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.

RAJAN JAIN.

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 11 day of 10 20 24 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: DELHI
Date: 11/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:





मेरी पहचान

Government of India



**नाम श्री
Rajan Jain
जन्म तिथि/DOB: 09/02/1974
लिंग/ GALE**



2978 3266 1710

YDL 8132478168526000

मेरा आधार, मेरी पहचान



 GPS Ma

Delhi, Delhi, India

11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, D
110005, India

Lat 28.648769°

Long 77.182555°

11/10/24 01:15 PM GMT +05:30



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PROPOSAL NO. : 3285
S. NO. : 109126
NAME : MR. RAJAN JAIN AGE/SEX: 50/M
REF. BY : LIC
Dat : OCTOBER, 06, 2024

SEROLOGY

Test Name : *Hepatitis B Surface Antigen {HbsAg} (Elisa method)*
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

*****End of The Report*****

Please correlate with clinical conditions.

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