

POOJA DEVI 30 4576 F CHEST,FRN P->A 30-03-2024 11:10 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 Pooja Devi Age & Sex 30yrs / F Date of MER 30/3/24
 Identification Mark Mole on Nose ID Proof UPD card
 Ht 154 Wt 70 Chest Exp/Insp 93 / 97 Abd 101 PR 71/min BP 100/70
 BMI 29

Any Operation

NO

Any Medicine Taken

H/O - CVA @ (L^t) Hemiparesis @ SLE on 2014
on 2022 on Reginal R_x

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>YES</u> | <u>SLE on 2014 on Reginal R_x at PGD chd.</u> |

Examination of systems

| SYSTEMS(any evidence of past/present disease) | YES | NO | DETAILS |
|--|-------------------------------------|-------------------------------------|---|
| Brain or nervous system | <input checked="" type="checkbox"/> | | <u>CVA @ (L^t) Hemiparesis</u> |
| Lungs or other parts of respiratory system | | <input checked="" type="checkbox"/> | <u>(Recovered) on R_x at jals</u> |
| GI Tract | | <input checked="" type="checkbox"/> | |
| Ears, Eyes, Nose, Throat, Neck | | <input checked="" type="checkbox"/> | |
| Cardiovascular System | | <input checked="" type="checkbox"/> | |

Signature of client Pooja

Signature of Doctor Dr. R.S. Maheshwari

M.B.B.S. M.D. (Paed) P.C.M.S. (E) 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 checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others _____ | | |

I have furnished my ID Proof UID Card bearing ID No. _____ at the time of my medical.

Pap Smear Sample refused by client.

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 |
|--|--|----------------------------------|-------------------------------|
- Upkeep of hospital

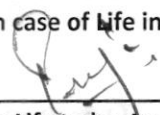
| | | | |
|--|--|----------------------------------|-------------------------------|
| | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
|--|--|----------------------------------|-------------------------------|
- Technology & Skills

| | | | |
|--|--|----------------------------------|-------------------------------|
| | <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 |
|--|---|-----------------------------|

(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>Pooja Devi</u> | Signature of <u>Dr. R.S. Maheshwari</u> Visiting/Attending Doctor A.P. Consultant Physician & Child Specialist LIFE LINE HOSPITAL GILL ROAD, LUDHIANA - 141003 Registration No. 34970 <hr/> Name of Visiting/Attending Doctor <hr/> MC Registration No: <u>34970</u> <hr/> Doctor Stamp with date <u>30/3/24</u> |
|---|---|

Self Declaration & Special COVID-19 Consent

Date: 30/3/24

Day:

Time:

Patient's Name/Client Name

Pooja Devi

Age:

30yrs

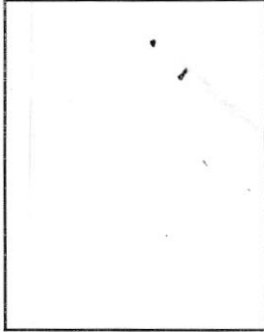
Sex:

Female

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 COVID19 or

Have you come from other country during pandemic of COVID19?

Yes/No

3) Have you travelled anywhere in India in last 60 days?

Yes/No

4) Any Personal or Family History of Positive COVID19 or Quarantine?

Yes/No

5) Any history of known case of Positive COVID19 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 COVID19 patients?

Yes/No

During the Lockdown period and with current situation of Pandemic of COVID19, 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

Pooja Devi

Dr. R.S. Maheshwari

M.B.B.S. Doctor's Signature & Name

Consultant Physician & Child Specialist

LIFE LINE HOSPITAL

GILL ROAD, LUDHIANA-141003

Registration No 34970



भारत सरकार
GOVERNMENT OF INDIA

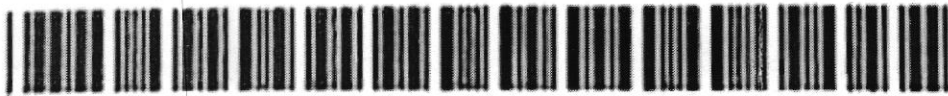
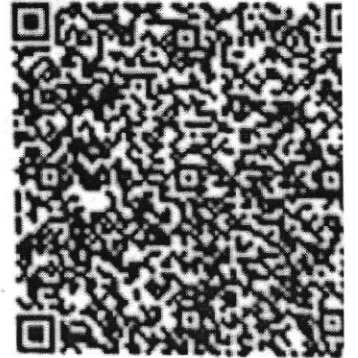


पूजा देवी
Pooja Devi

:
:

जन्म वर्ष / Year of Birth : 1993
महिला / Female

3958 8544 6692



आधार – आम आदमी का अधिकार

Handwritten signature

Dr. R.S. 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

141005



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : D/O मनोज कुमार, पोस्ट
ऑफिस डल लेक तेह धर्मशाला, नड्डी,
कौगड़ा, हिमाचल प्रदेश, 176216

Address: D/O Manoj Kumar, Post
Office Dal Lake Teh
Dharamshala, Naddi (30),
Kangra, Himachal Pradesh,
176216



1947
1800 180 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



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Bengaluru-560 001

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- TATA AIG General Insu
- Apollo Munich Health
- Aviva Life Insurance
- Star Health and Allie
- Star Union Dai-ichi L
- Sahara India Life Ins
- Religare Health Insu
- Max Life Insurance
- Edelweiss Tokio Life
- Shri Ram Life Insura
- Chola MS General I
- TATA AIA Life Insura
- India First Life Insu
- Life Insurance
- Lombard
- Prudential
- TTK Health In
- General In
- General Insura



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 Consultant Physician & Child Specialist
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 GILL ROAD, LUDHIANA-141003
 Registration No 34970



Ludhiana, Punjab, India
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India
 Lat 30.883827°
 Long 75.858163°
 30/03/24 10:27 AM GMT +05:30

GPS Map Camera

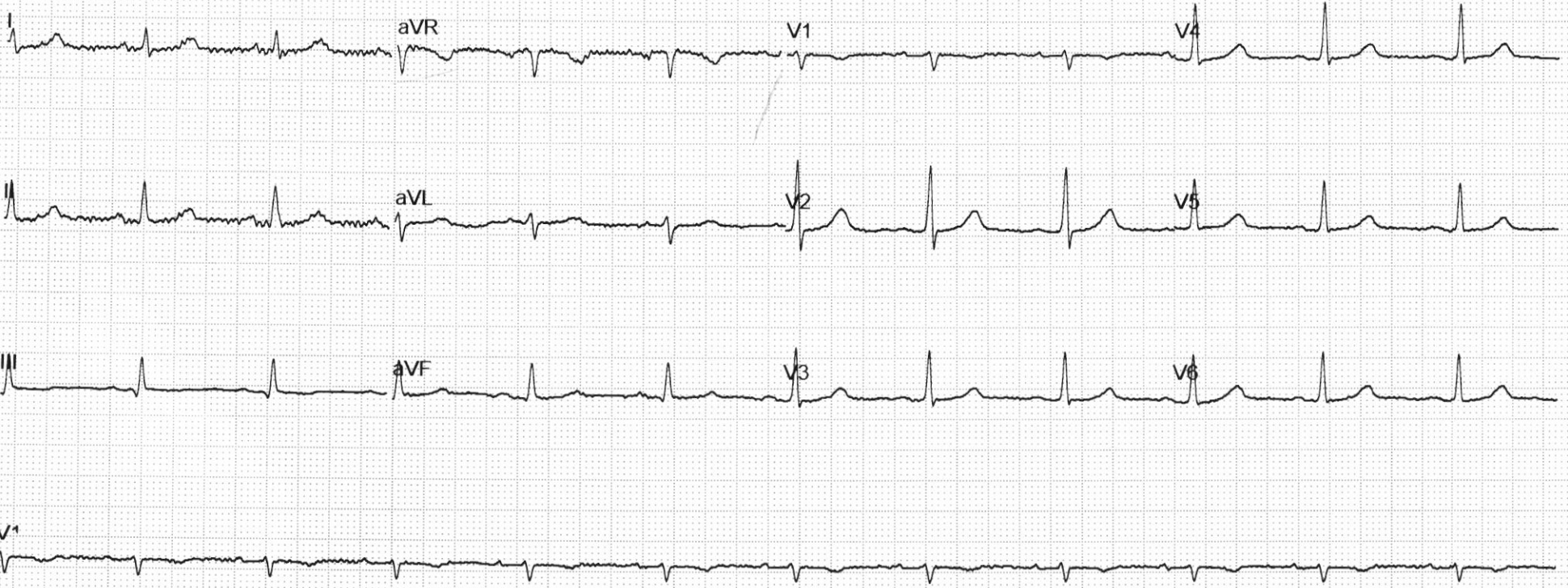
Female

| | | |
|---------------|----------------------|-----------------------------------|
| QRS : | 78 ms | Normal sinus rhythm Normal ECG |
| QT / QTcBaz : | 414 / 449 ms | |
| PR : | 186 ms | |
| P : | 100 ms | |
| RR / PP : | 846 / 845 ms | |
| P / QRS / T : | 51 / 76 / 47 degrees | |

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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

Handwritten initials



Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
LEVEL 1



I Pooja Devi has just delivered a baby 4 months ago.
I am very weak. So I will not do TMT.

Thanks

Pooja Devi

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

Lifeline Hospital

Multi Speciality & Super Speciality Hospital NABH Accredited



NAME Pooja Devi

EMP.CODE _____

AGE / SEX 30y / F

DATE 30/3/24

REF. BY BOB

| | RIGHT EYE | | | | LEFT EYE | | | |
|-----------------|-----------|-------|------|-----|----------|-----|------|-----|
| | SPH | CYL | AXIS | VIA | SPH | CYL | AXIS | VIA |
| DISTANCE | -0.25 | -0.25 | 90° | 6/6 | -0.50 | | | 6/6 |
| FOR NEAR ADD | _____ | | | | _____ | | | |

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____

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

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
ENTRY LEVEL



NAME: POOJA DEVI

AGE/SEX: 30Y/F

HEIGHT: 154 cms

WEIGHT: 70 kgs

B.P: 100/70mmHg

PULSE: 71BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- Not k/c/o of DM,HTN
- ENT - NAD
- Skin Examination - NAD
- TUNING FORK TEST- NORMAL

Dr. R.S. Maheshwari

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

Dr. R.S. Maheshwari Specialist

LIFELINE HOSPITAL

GILL ROAD, LUDHIANA-141003

Registration No 34970

Dr. Maheshwari's Complex, Gill Road, Ludhiana-141003. (India)

Tel. : 91-161-4646792, 4605353, 2501661 Helpline : 99886-39620

E-mail : lifelineldh@rediffmail.com ; info@lifelinehosp.com Web : www.lifelinehosp.com

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
(ENTRY LEVEL)



NAME : POOJA DEVI

AGE/SEX: 30Y/F

HEIGHT:154 cms

WEIGHT: 70 kgs

B.P: 100/70mmHg

PULSE: 71BPM

- CVS - N.A.D.
- CNS – N.A.D.
- P/A – N.A.D.
- R/S – N.A.D.
- ENT - N.A.D.
- Skin Examination – N.A.D.
- Hearing Examination – N.A.D.
- Dental Examination – Good Oral Hygiene.

Dr. R.S. Maheshwari
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LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
M.B.B.S., Med
Registration No. 34570



| | | | |
|-----------|----------------|------------|------------------|
| Lab ID. : | 01 | Date : | 30/03/2024 |
| Name : | POOJA DEVI | Age/Sex : | 30 /Years/Female |
| Ref. By : | BANK OF BARODA | Mac. No. : | 627 |

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

| Parameters | Result | Units | Reference Range | Graphs |
|---------------------|--------------|---------------------|-----------------|------------|
| LEUKOCYTES | | | | |
| Total WBC Count | 8.91 | 10 ³ /uL | 4.0 - 11.0 | <p>WBC</p> |
| Lymphocytes% | 27.0 | % | 20.0 - 50.0 | |
| Mixed% | 7.2 | % | 3.0 - 10.0 | |
| Neutrophils% | 65.8 | % | 50.0 - 70.0 | |
| Lymphocytes# | 2.41 | 10 ³ /uL | 0.6 - 4.1 | |
| Mixed# | 0.64 | 10 ³ /uL | 0.1 - 1.8 | |
| Neutrophils# | 5.86 | 10 ³ /uL | 2.0 - 7.8 | |
| ERYTHROCYTES | | | | |
| Hemoglobin | 10.9 L | g/dl | 11.0 - 16.0 | <p>RBC</p> |
| R.B.C Count | 3.84 | 10 ⁶ /uL | 3.50 - 5.50 | |
| Haematocrit(PCV) | 33.8 L | % | 36.0 - 47.0 | |
| MCV | 87.8 | fl | 80.0 - 99.0 | |
| MCH | 28.3 | pg | 27.0 - 32.0 | |
| MCHC | 32.2 | g/dl | 32.0 - 36.0 | |
| RDW-SD | 51.0 | fl | 35.0 - 56.0 | |
| RDW-CV | 15.4 H | % | 11.5 - 14.5 | |
| THROMBOCYTES | | | | |
| Platelets Count | 194 | 10 ³ /uL | 150 - 450 | <p>PLT</p> |
| MPV | 12.2 H | fl | 7.4 - 10.4 | |
| PDW | 20.0 H | fl | 10.0 - 17.0 | |
| PDW-CV | 17.6 H | % | 10.0 - 17.0 | |
| PCT | 0.237 | % | 0.108 - 0.280 | |
| P-LCR | 44.1 H | % | 13.0 - 43.0 | |
| P-LCC | 85.0 | 10 ³ /uL | 30 - 90 | |
| ESR | 23 H | mm 1st hr | 0 - 20 | |
| Blood Group | "A" POSITIVE | | | |

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



NAME : POOJA DEVI
AGE/SEX : 30Y/F
REF BY : BANK OF BARODA
DATE : 30.03.2024

BLOOD EXAMINATION REPORT

| DETERMINATION | NORMAL | RESULT |
|--------------------------|--------------------|------------|
| FBS | 70-110mg/dl | 77mg/dl |
| PPBS | 70-140mg/dl | 90mg/dl |
| UREA(BUN) | 15-45mg/dl | 22mg/dl |
| CREATININE | 0.7-1.5mg/dl | 0.70mg/dl |
| URIC ACID | 3.0-6.2mg/dl | 4.18mg/dl |
| CHOLESTEROL | 140-200mg/dl | 156mg/dl |
| TRIGLYCRIDE | 60-160mg/dl | 126mg/dl |
| CHOLESTEROL HDL | 35-60 mg/dl | 46mg/dl |
| CHOLESTEROL LDL | 60-150 mg/dl | 85mg/dl |
| VLDL | 20-40 mg/dl | 25mg/dl |
| CHOLESTEROL/HDL Ratio | 4.0:1-4.16:1 mg/dl | 3.3:1mg/dl |
| LDL/HDL Ratio | 1.71-2.5mg/dl | 1.8mg/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

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

NAME : POOJA DEVI
AGE/SEX : 30Y/F
REF BY : BANK OF BARODA
DATE : 30.03.2024

LIVER EXAMINATION REPORT

| DETERMINATION | NORMAL | RESULT |
|--------------------|---|-------------|
| BILLIRUBIN TOTAL | <1.2mg/dl. | 0.68mg/dl |
| BILLIRUBIN DIRECT | <0.3mg/dl | 0.18mg/dl |
| BILIRUBIN INDIRECT | <0.9mg/dl | 0.50mg/dl |
| S.G.O.T. | 5-50Units/L | 22Units/L |
| S.G.P.T. | 5-50 Units/L | 26Units/L |
| GAMMA GT | 9-52 Units/L | 30Units/L |
| ALK. PHOSPHATASE | ADULTS-28-111Units/L CHILD-54-369units/L | 102Units/L |
| TOTAL PROTEIN | 6.0-8.0mg/dl | 7.0mg/dl |
| ALBUMIN | 3.5-5.3mg/dl | 4.0mg/dl |
| S.GLOBULIN | 2.0-4.0gm/dl | 3.0gm/dl |
| A/G RATIO | 1.25:1-1.75:1 mg/dl | 1.33:1gm/dl |

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



NAME : POOJA DEVI
AGE/SEX : 30Y/F
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 | 1.39 ng/ml | 0.70-2.04 ng/ml |
| T4 | 5.15 μ g/dl | 4.6-10.5 μ g/dl |
| TSH | 1.753 μ IU/ml | 0.40-4.20 μ IU/ml |

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Reg No 40195



NAME : POOJA DEVI
AGE/SEX : 30Y/F
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 | 2-3/hpf |
| PUS CELLS | 2-3/hpf |
| R.B.C. | NIL |
| CRYSTALS | NIL |
| CAST | NIL |

Recommendation:-

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CONSULTANT PATHOLOGIST
Reg No 40195



NAME : POOJA DEVI
AGE/SEX : 30Y/F
REF BY : BANK OF BARODA
DATE : 30.03.2024

URINE EXAMINATION REPORT

| DETERMINATION | NORMAL | RESULT |
|------------------|--------|--------|
| POST URINE SUGAR | NIL | NIL |

*Recommendation:-

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Surbhi

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



Name : POOJA DEVI
Age/Sex : 30YRS/F
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.

Dr. R.S. Maheshwari
M.B.B.S., M.S., D.P.C.M.S., D.L.M.I.A.P.
Consultant Physician
DR. R.S. MAHESHWARI
M.B.B.S., M.D.
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970

Patient's Name: POOJA DEVI

AGE/SEX : 30Y /F

DATE : 30/03/2024

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic biliary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder is distended. Walls are normal. Lumen shows multiple GB stones. largest one is measuring approx. 14-15mm.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in lesser sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : Right kidney is normal in size & shape. Cortical thickness is WNL, Corticomedullary differentiation is well maintained. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure. Changes or S.O.L.

LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure changes or S.O.L.. Corticomedullary differentiation is well maintained.

URETERS: Both ureter are normal and not dilated

URINARY BLADDER : UB is seen filled stage. lumen is echo free walls are normal.

UTERUS: Uterus is normal in size and outline. no focal is seen in myometrium. endometrial echo is 4mm in thickness.

OVERIES : Both adenexa shows normal echogenic appearance.

IMP.....**CHOLELITHIASIS**

Dr. R. S. Maheshwari

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DISCLAIMER :- This is only professional opinion and not diagnosis. It should be correlated clinically.

