

❖ 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 Archana kumari Age & Sex 34y/F Date of MER 01/04/24
 Identification Mark Male near left eyebrow ID Proof UID Card
 Ht 157 Wt 47 Chest Exp/Insp 47/79 Abd 62 PR 68/m BP 100/60
 BMI 19

Any Operation
No. 2 LSCs done in 2018 and 2021 at Sunshine Global Hospital, Vadodra
 Any Medicine Taken
No Alpana Hospital

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>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..... Archana

Signature of Doctor..... Dr. R.S. Maheshwari

Seal of Centre.....
LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No. 12970

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 01/04/24

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|--|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Sample Collection | | |
| a. Blood | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Urine | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Electro Cardio Gram (ECG) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Treadmill Test (TMT) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Others | <u>Pap Smear, ENT Consult, Diet Consult, Gynae Consult, CxR, USG, Eyes Checkup, Dental consult</u> | |

I have furnished my ID Proof UID bearing ID No. 8363070619281 at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital Good Average Poor

Technician/ Doctors Good Average Poor

- Time Management Good Average Poor

- Upkeep of hospital Good Average Poor

- Technology & Skills Good Average Poor

- Please remark if the medical check procedure was satisfactory Yes 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

<p>Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <p style="text-align: center;"><u>Archana</u></p> <hr/> <p>Name of the Life to be Insured with date (Proposer (in case of Life insured being minor))</p> <p style="text-align: center;"><u>Archana kumari</u></p>	<p style="text-align: center;"><u>Dr. R.S. Maheshwari</u> M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P Consultant Physician & Child Specialist LIFELINE HOSPITAL GILL ROAD, LUDHIANA-141003 Registration No 34970</p> <p>Signature of Visiting/Attending Doctor</p> <hr/> <p>Name of Visiting/Attending Doctor</p> <hr/> <p>MC Registration No: <u>34970</u></p> <hr/> <p>Doctor Stamp with date <u>01/04/24</u></p>
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PP urine and Pap smear sample refused by client.

Self Declaration & Special COVID-19 Consent

Date: 01/04/24

Day:

Time:

Patient's Name/Client Name Archana Kumari

Age: 34y

Sex: F

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
*4/01 Covid +ve in 2021
Admitted for 10 days*
- 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.

Archana
Patient's Signature with Name

[Signature]
Doctor's Signature & Name
Dr. R.S. Arshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (M.I.A.P)
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970



भारत सरकार
Government of India



अर्यना कुमारी

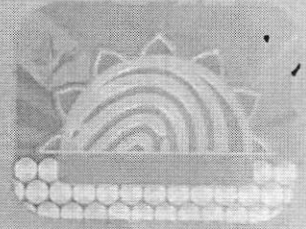
Archana Kumari

जन्म तारीख / DOB : 25/12/1989

स्त्री / Female



8363 0706 9281



8363 0706 9281

मेरा आधार, मेरी पहचान

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
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Registration No 34970

Archana



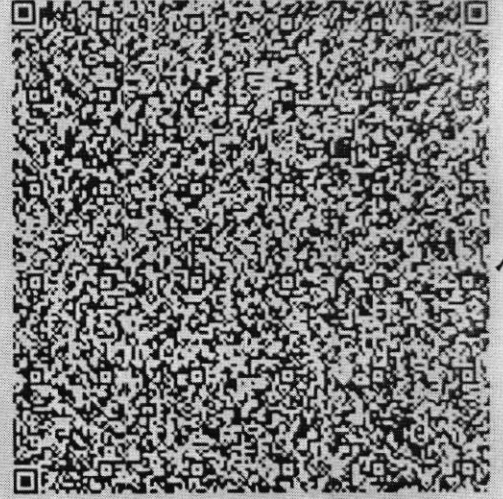
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



संरनाडुं : नल दलरल: डुंडन कुडर डलशुरल, डु-65
दल डुलस सलडुी, तरसलुी डलधडलस, वडुदरल,
वडुदरल, गुडरलत, 390012

Address: C/O: Chandan Kumar Mishra, B-65
The Gold City, Tarsali Bypass, Vadodara,
Vadodara, Gujarat, 390012



8363 0706 9281



1947



help@uidai.gov.in



www.uidai.gov.in

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Important No

1. Please Bring Original Photo ID/Passport for Any Pre-Insurance Health Check

2. Center Will Not Conduct Any Medical or Lab Test Without Original Photo

3. Please Come Fasting For Laboratory As Per The Instructions Already Give By Your Corporate or T.P.A.

4. Please Keep Silence, Wait for Your And Switch Off Your Mobile

5. Please Fill The "Feed us Back" Form And Do Not Hesitate to Tell If You Faced Any Problem In The Center

YOU ARE UNDER CCTV SURVEILLANCE

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

LIFELINE HOSPITAL
LUDHIANA-141003

Ludhiana, Punjab, India

241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India

Lat 30.883841°

Long 75.858101°

01/04/24 09:50 AM GMT +05:30

GPS Map Camera

Google



NAME : ARCHANA KUMARI

AGE/SEX: 34Y/F

HEIGHT:157 cms

WEIGHT: 47 kgs

B.P: 100/60mmHg

PULSE: 68BPM

- 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

M.B.B.S. M.D. Maheshwari

M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P
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Registration No 34970

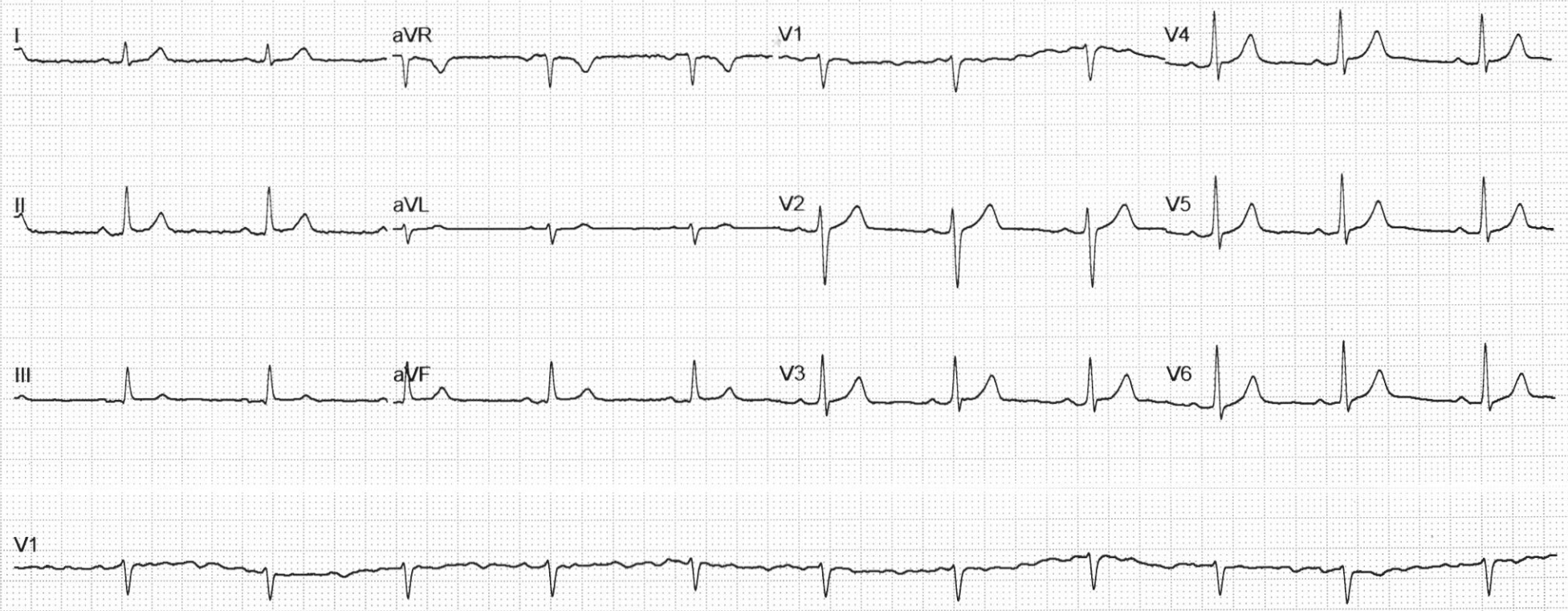
QRS : 74 ms
QT / QTcBaz : 356 / 378 ms
PR : 166 ms
P : 98 ms
RR / PP : 880 / 882 ms
P / QRS / T : 41 / 71 / 45 degrees

Normal sinus rhythm
Normal ECG

WNL

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Archana
VISITING CONSULTANT
DR. RENU LATA GUPTA
MBBS, MD (MEDICINE)
CHEST & HEART SPECIALIST
REGD. No. 42060



Unconfirmed

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
(ENTRY LEVEL)



NAME Archana Kumari

EMP.CODE _____

AGE / SEX 34y IF

DATE 11/4/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE		-0.25	180°	6/6		Plain		6/60
FOR NEAR ADD	_____				_____			

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____



DOCTOR SIGNATURE

Singh



Lab ID. :	02	Date :	01/04/2024
Name :	ARCHANA KUMARI	Age/Sex :	34 /Years/Female
Ref. By :	BANK OF BARODA	Mac. No. :	658

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	6.60	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	34.7	%	20.0 - 50.0	
Mixed%	9.5	%	3.0 - 10.0	
Neutrophils%	55.8	%	50.0 - 70.0	
Lymphocytes#	2.29	10 ³ /uL	0.6 - 4.1	
Mixed#	0.63	10 ³ /uL	0.1 - 1.8	
Neutrophils#	3.68	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	9.0 L	g/dl	11.0 - 16.0	<p>RBC</p>
R.B.C Count	3.88	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	29.2 L	%	36.0 - 47.0	
MCV	75.2 L	fl	80.0 - 99.0	
MCH	23.3 L	pg	27.0 - 32.0	
MCHC	31.0 L	g/dl	32.0 - 36.0	
RDW-SD	57.4 H	fl	35.0 - 56.0	
RDW-CV	20.4 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	134 L	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	11.3 H	fl	7.4 - 10.4	
PDW	20.9 H	fl	10.0 - 17.0	
PDW-CV	18.2 H	%	10.0 - 17.0	
PCT	0.151	%	0.108 - 0.280	
P-LCR	41.1	%	13.0 - 43.0	
P-LCC	55.0	10 ³ /uL	30 - 90	
ESR	38 H	mm 1st hr	0 - 20	

Surbhi

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



NAME : ARCHANA KUMARI
AGE/SEX : 34Y/F
REF BY : BANK OF BARODA
DATE : 01.04.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	83mg/dl
PPBS	70-140mg/dl	127mg/dl
UREA(BUN)	15-45mg/dl	21mg/dl
CREATININE	0.7-1.5mg/dl	0.70mg/dl
URIC ACID	3.0-6.2mg/dl	4.62mg/dl
CHOLESTEROL	140-200mg/dl	154mg/dl
TRIGLYCRIDE	60-160mg/dl	125mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	83mg/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 : ARCHANA KUMARI
AGE/SEX : 34Y/F
REF BY : BANK OF BARODA
DATE : 01.04.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.73mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.52mg/dl
S.G.O.T.	5-50Units/L	35Units/L
S.G.P.T.	5-50 Units/L	30Units/L
GAMMA GT	9-52 Units/L	26Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	101Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	6.9mg/dl
ALBUMIN	3.5-5.3mg/dl	3.8mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.1gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.22:1gm/dl

Recommendation:-

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

NAME : ARCHANA KUMARI
AGE/SEX : 34Y/F
REF BY : BANK OF BARODA
DATE : 01.04.2024

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 ≥ 18 years	4.0 - 6.0
At risk	≥ 6.0 to ≤ 6.5
Diagnosing diabetes	> 6.5
Therapeutic goals for glycemc 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 glycemc 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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CONSULTANT PATHOLOGIST
Reg No 40195



NAME : ARCHANA KUMARI
AGE/SEX : 34Y/F
REF BY : BANK OF BARODA
DATE : 01.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.32 ng/ml	0.70-2.04 ng/ml
T4	6.52 µg/dl	4.6-10.5 µg/dl
TSH	1.650µIU/ml	0.40-4.20µIU/ml

Recommendation:-

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Surbhi

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



NAME : ARCHANA KUMARI
AGE/SEX : 34Y/F
REF BY : BANK OF BARODA
DATE : 01.07.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
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	3-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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



Name : ARCHANA KUMARI
Age/Sex : 34YRS/F
Date : 1/4/2024

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.D.

Reg. No. 34970

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

LIFE LINE HOSPITAL

GILL ROAD, LUDHIANA-141003
Registration No 34970



Patient's Name: ARCHANA KUMARI

AGE/SEX :34 Y /F

DATE : 1/04/2024

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic bleary 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 normal echo.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in the 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 ehogenic appearance .

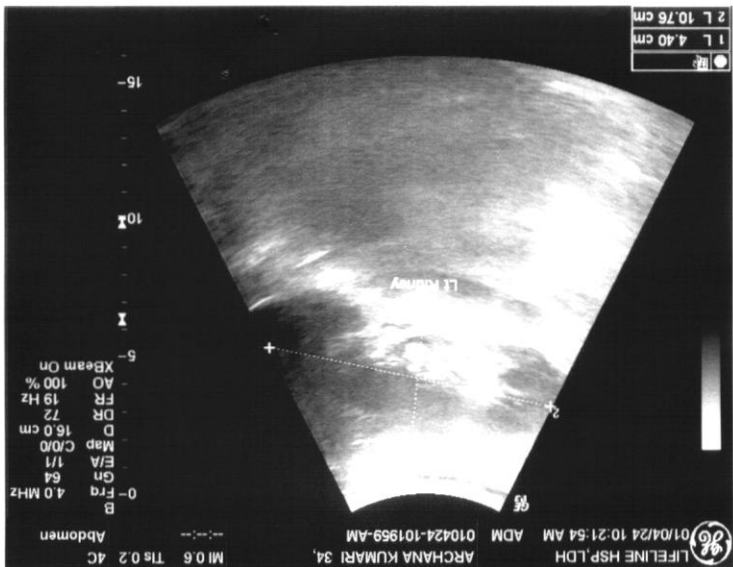
IMP.....USG NORMAL

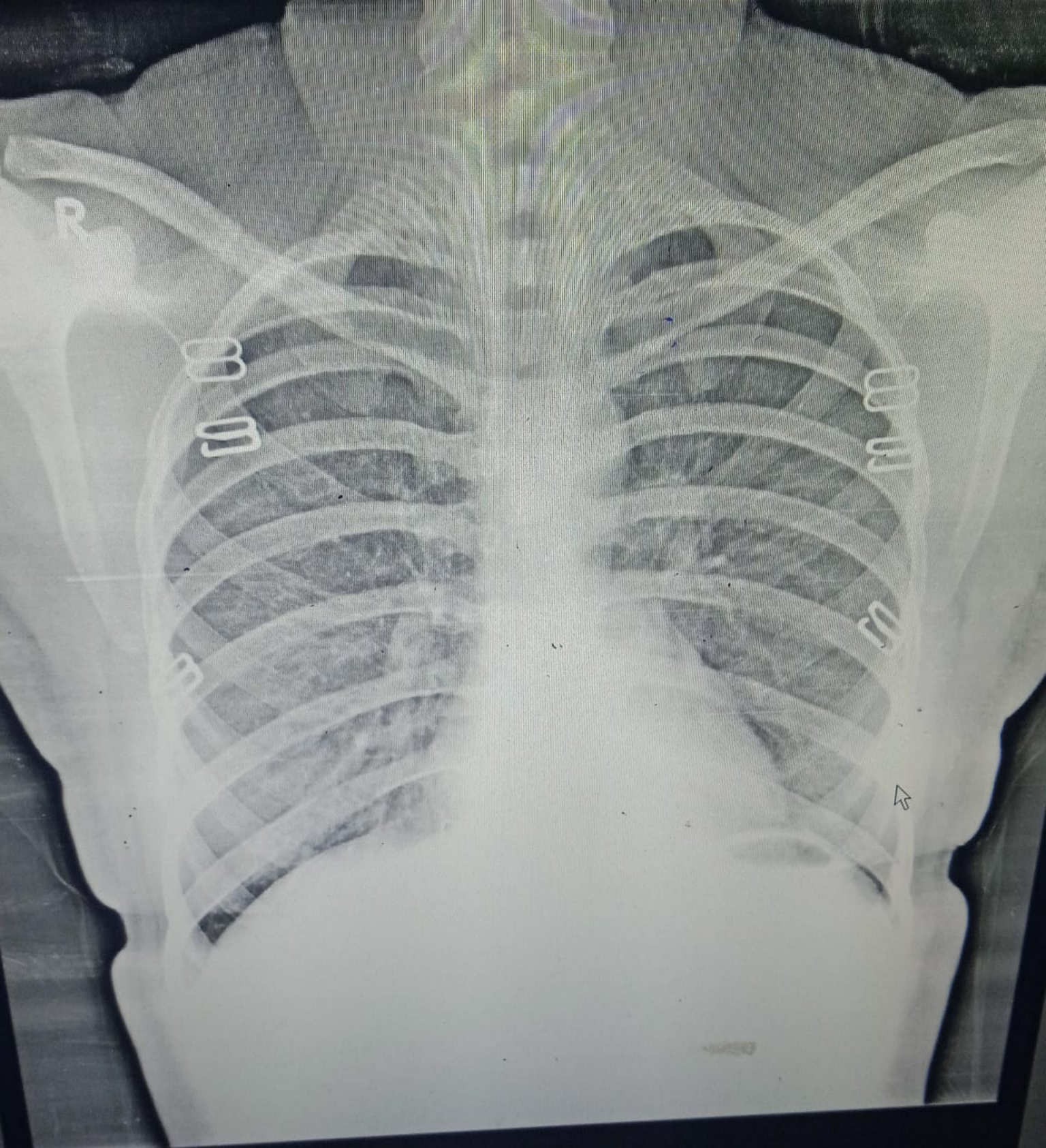
Dr. R. S. Maheshwari
M.B.B.S., M.D (Pead)

DR. R. S. MAHESHWARI
SONOLOGIST
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003

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







ARCHANA KUMARI 34 4598 F CHEST,FRN P->A 01-04-2024 12:21 PM
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA