

❖ 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 Kulwant Singh Age & Sex 52y/M Date of MER 23/12/23

Identification Mark Scar near Rt. eye ID Proof VIO Card

Ht. 1.80 wt. 84 Chest Exp/Insp 99/103 Abd 89 PR 90/b BP 140/90 BMI 25

Any Operation H/O B/L Inguinal hernioplasty + meshoplasty done in 2020 and 2021 at Fortis Hospital, Ldh.

Any Medicine Taken H/O HTN since 2007 on regular Rx Tab. Telma 40, CTDB-X, Metabul
H/O Bronchial Asthma since 1998 on Rotahaler Tab. Metabul not on regular basis.

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	No	
Hypertension	YES	Since 2007 on Rx Tab. Telma 40, CTDB-X, Metabul
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"/>		Bronchial Asthma since 1998 on Rotahaler not on regular basis.
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 of Doctor Dr. R.S. Maheshwari
 M.B.B.S., M.D., M.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. 34070

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 Mediwheel vide Proposal Form bearing no _____ dated 23/12/23

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

- | | | |
|--|--------------------------------|-------------------------------|
| 1. Full Medical Report (Medical Questionnaire) | ✓ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | ✓ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | ✓ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | ✓ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input type="checkbox"/> | ✓ No <input type="checkbox"/> |
| 5. Others <u>CXR, Eye Checkup</u> | | |

I have furnished my ID Proof VID bearing ID No. 439540792436 at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management

	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Upkeep of hospital

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

	✓ <input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	---------------------------------	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory

	✓ Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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) <u>Kulwant Singh</u>	<u>Dr. R. S. Maheshwari</u> MBBS, MD, DNB, DCH, FRCR, FRCR (P) Consultant Physician & Child Specialist LIFE LINE HOSPITAL GILL ROAD, LUDHIANA-141002 Name of Visiting/Attending Doctor _____ MC Registration No: <u>34970</u> Doctor Stamp with date <u>23/12/23</u>
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Self Declaration & Special COVID-19 Consent



Date: 23/12/23

Day:

Time:

Patient's Name/Client Name: Kulwant Singh

Age: 59y

Sex: M

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

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? *K/C/O HTN X since 2007 on regular Rx Tab. Telma 40, Tab. CTD 6.25, Tab. Metabidol since 1998 on Rotahaler not on regular basis.* Yes/No
Diabetes/Hypertension/Lung Disease/Heart Disease *K/C/O Bronchial Asthma*

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

Doctor's Signature & Name 
Dr. R.S. Dhillon
M.B.B.S. M.D. (P) (C) (S) (E) (M) (P)
Consultant Physician
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34979

भारत सरकार
Government of India

Kulwant Singh
DOB: 16/12/1971
Male

4395 4079 2436

मेरा आधार, मेरी पहचान

Dr. R. S. Maheshwari
MBBS MD (Ped) PCMS (Ex) MIAP
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
3/11 ROAD, LUDHIANA-141003
Registration No. 34979

भारतीय विहित पंजीयन प्राधिकरण
Unique Identification Authority of India

Address: 20 Gulshan Singh, H No. 222 B &
HIGHWAY ENCLAVE, ADWAR GULLIAN
St. Jagan, Ludhiana, Punjab, 142026

4395 4079 2436

1947 help@uidai.gov.in www.uidai.gov.in

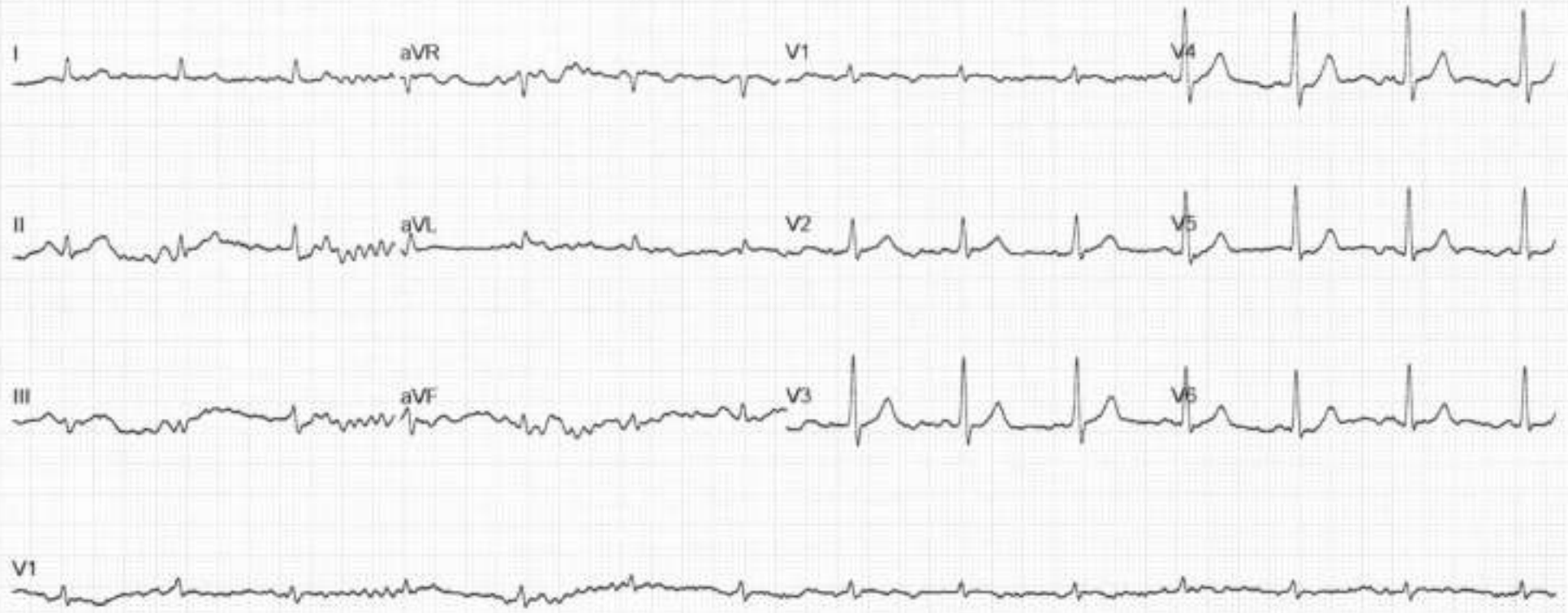
QRS : 82 ms
QT / QTcBaz : 338 / 397 ms
PR : 130 ms
P : 80 ms
RR / PP : 726 / 722 ms
P / QRS / T : 63 / 33 / 76 degrees

Normal sinus rhythm
Normal ECG

NO CONL

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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



India Insurance Co. Ltd.
India Insurance Co. Ltd.
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Health Insurance Co.
Ergo General Insurance
Life Insurance Co. Ltd.
Life Insurance Co. Ltd.
Life Insurance Co. Ltd.
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Axa General Insurance
Allianz Life Insurance Co.
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Life Insurance Co. Ltd.
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Federal Life Insurance Co.
Sundaram General Insurance
HSBC Life Insurance

Apollo Munich Health Insurance Co. Ltd.

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HOSPITAL

Important Not

1. Please Bring Original Photo ID (L 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 Tests As Per The Instructions Already Given By Your Corporate or T.P.A.
4. Please Keep Silence, Wait for Your Turn 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

 **GPS Map Camera**



Ludhiana, Punjab, India

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

141003, India

Lat 30.883831°

Long 75.8581°

23/12/23 10:31 AM GMT +05:30



NAME Kulwant Singh

EMP.CODE _____

AGE / SEX 52 y / M

DATE 23/12/2023.

REF. BY Mediwheel

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE		Plain		6/6		Plain		6/6
FOR NEAR ADD	+2.00							

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____

DOCTOR SIGNATURE





ID.NO :- 7	Date : 23/12/2023
NAME :- KULWANT SINGH	AGE/SEX: 52/Y /MALE
REF BY:- MEDIWHEEL	

HAEMATOLOGY REPORT

C.B.C performed on fully automated haematology analyser Model Sysmex KK-21(japan)

LEUCOCYTES

W.B.C	:	5.4	$10^3/uL$	4.0 - 11.0
LYM	:	44.4	%	20.0-45.0
MIXED	:	9.9	%	3.0 - 10.0
GRA	:	45.7	%	40.0-75.0

REFERENCE RANGE



ERYTHROCYTES

R.B.C	:	5.19	$10^6/uL$	3.5-5.5
HB	:	14.5	g/dL	M 12.0-17.0, F 11.0-16.0
HCT	:	43.6	%	26.0-50.0
MCV	:	84.0	fL	82.0-92.0
MCH	:	27.9	pg	27.0-32.0
MCHC	:	33.3	g/dL	32.0-36.0
RDW-SD	:	37.3	fL	37.0-52.0



THROMBOCYTES

PLT	:	229	$10^3/uL$	150 - 450
PDW	:	15.8	fL	9.0-17.0
MPV	:	11.6	fL	9.0-13.0
P-LCR	:	37.9	%	15.0 - 45.0



BLOOD GROUP "A" POSITIVE

E.S.R (Westgrn) 5 mm/1st Hr. 00 - 20

COMMENTS

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



NAME : KULWANT SINGH
AGE/SEX : 52Y/M
REF BY : MEDIWHEEL
DATE : 23.12.2023

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	101mg/dl
PPBS	70-140mg/dl	127mg/dl
CHOLESTEROL	140-200 mg/dl	176mg/dl
TRIGLYCERIDES	60-160 mg/dl	128mg/dl
CHOLESTEROL HDL	35-60 mg/dl	47mg/dl
CHOLESTEROL LDL	60-150 mg/dl	104mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.7:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.2mg/dl
UREA(BUN)	10-45mg/dl	28mg/dl
CREATININE	0.7-1.5mg/dl	0.99mg/dl
URIC ACID	3.0-7.2mg/dl	6.34mg/dl

- Recommendation:**
1. This report is not valid for medico
 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

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. 40198



NAME : KULWANT SINGH
AGE/SEX : 52Y/M
REF BY : MEDIWHEEL
DATE : 23.12.2023

• LIVER PROFILE REPORT

DETERMINATION	NORMAL	RESULT
BILIRUBIN TOTAL	<1.2mg/dl.	0.79mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.22mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.57mg/dl
S.G.O.T	5-50Units/L	38Unit/L
S.G.P.T	5-50Unit/L	33Unit/L
GGTP	9-52 Units/L	29Units/L
ALK PHOSPHATASE	ADULTS 28-111 Units/L CHILD-54-369units/L	103Units/L
TOTAL PROTEIN	6.0-8.4 gm/dl.	7.0gm/dl
ALBUMIN	3.5-5.0 gm/dl	4.0gm/dl
S.GLOBULIN	2.0-4.0mg/dl	3.0mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/dl

Recommendation:-

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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 : KULWANT SINGH
AGE/SEX : 52Y/M
REF BY : MEDIWHEEL
DATE : 23.12.2023

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	0.95ng/ml	0.70-2.04ng/ml
T4	6.15 ug/dl	4.6-10.5ug/dl
TSH	1.148 μ IU/ml	0.40-4.20 μ IU/ml

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NAME : KULWANT SINGH
AGE/SEX : 52Y/M
REF BY : MEDIWHEEL
DATE : 23.12.2023

(HbA1C)

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.55	%

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 glycemie 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 glycemie 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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3. Test to be clinically correlated

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Reg. No. 14148E




NAME : KULWANT SINGH
AGE/SEX : 52Y/M
REF BY : MEDIWHEEL
DATE : 23.12.2023

URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	YELLOW
DEPOSIT	ABSENT
REACTION	CLEAR
SECIFIC GRAVITY	1.020
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
BILE SALTS	NIL
BILE PIGMENTS	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	0-1/hpf
PUS CELLS	2-4hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL
AMOURPHUS URATE	NIL

Recommendation:-

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CONSULTANT PATHOLOGIST
Reg No. 40195



Name : KULWANT SINGH

Age/Sex : 52 Yrs/M

Date : 23\12\2023

X-ray Chest PA View

The cardiac size and shape is Normal .

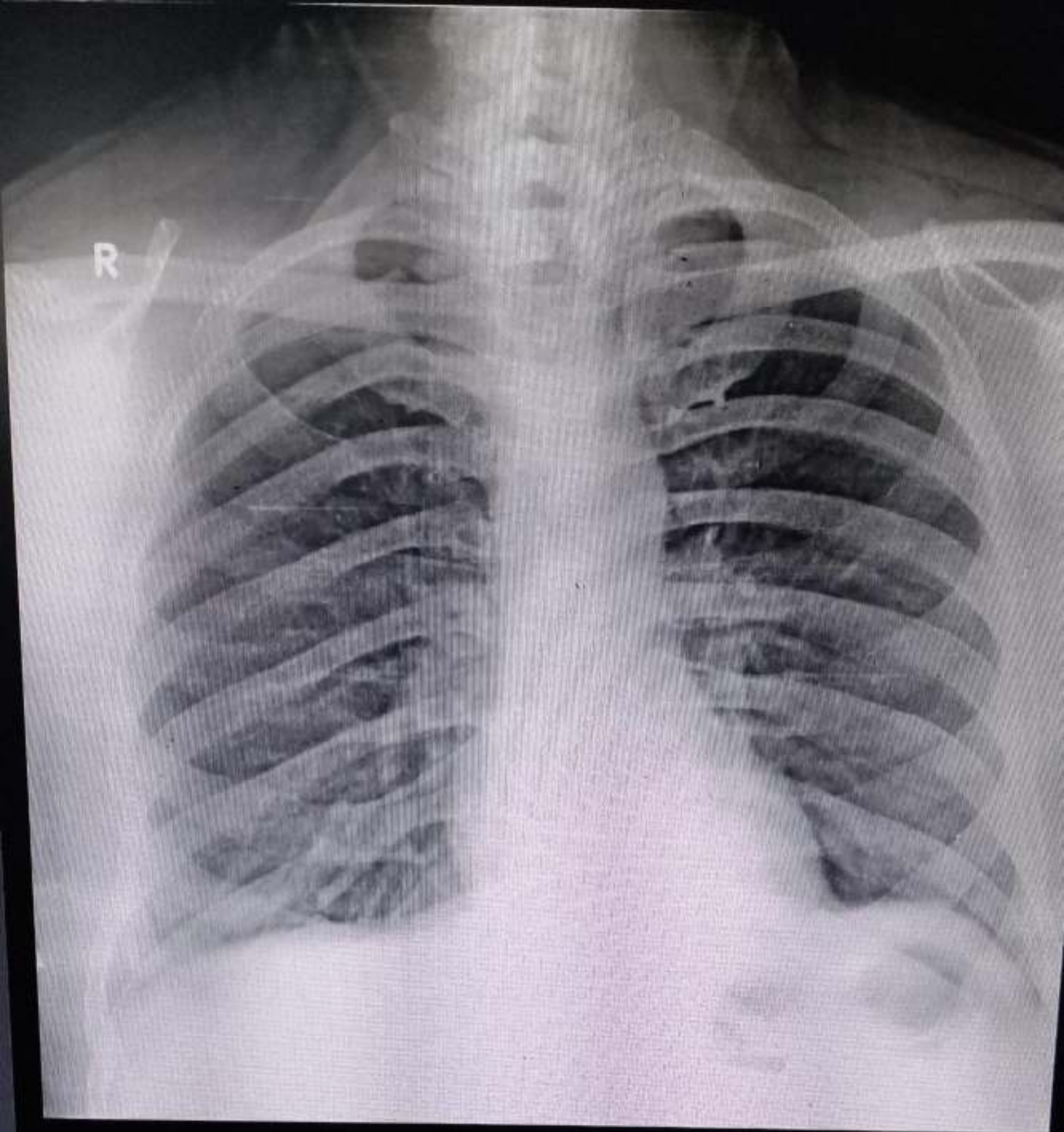
Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal


DR. R.S. MAHESHWARI
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KULWANT SINGH 52 3280 M CHEST,FRN P->A 23-12-2023 09:49 AM
LIFELINE HOSPITAL, GILL ROAD, LUDHIANA