

❖ 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 Ravinder Singh Walia Age & Sex 41y/M Date of MER 16/05/24

Identification Mark Scar on left eyebrow ID Proof UID CARD

Ht. 191 Wt. 94 Chest Exp/Insp. 108/111 Abd. 100 PR. 67/m BP. 120/80 BMI $\rightarrow 25$

Any Operation No

Any Medicine Taken No

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	No	
Renal Complications	No	
Heart Disease	No	
Cancer	No	
Any Other	YES	4/0. Anxiety since 2021 not on regular Rx

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		✓	
Lungs or other parts of respiratory system		✓	
GI Tract		✓	
Ears, Eyes, Nose, Throat, Neck		✓	
Cardiovascular System		✓	

Signature of client..... Ravinder Singh

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

Seal of Centre.....
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-141002
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 Medimheal vide Proposal Form bearing no _____ dated 16/05/24

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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. Others <u>CXR, Eyes Check up</u> | | |

I have furnished my ID Proof VID bearing ID No. 346128722550 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

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 (Proposer (in case of Life insured being minor)	<div style="text-align: center;">  Signature of Visiting/Attending Doctor M.B.B.S. M.D. (Peds) Consultant Physician & Child Specialist LIFE LINE HOSPITAL Name of Visiting/Attending Doctor Registration No. 34970 </div> <hr/> MC Registration No: <u>34970</u> Doctor Stamp with date <u>16/05/24</u>
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Self Declaration & Special COVID-19 Consent

Date: 16/05/24 Day: Time:
 Patient's Name/Client Name Ravinder Singh Walia
 Age: 41y 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? *H/O Covid tre in 2021* Yes/No
- 5) Any history of known case of Positive COVID-19 or Quarantine patient in your *Home isolation for 14-15 days* 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.

Patient's Signature with Name
 Ravinder Singh Walia

Doctor's Signature & Name
 Dr. A.S. Mahesh
 M.B.B.S. M.D. (Paed) P.C.M.S. (E)
 Consultant Physician & Child
 LIFE LINE HOSP
 GILL ROAD, LUDHIANA
 Registration No. 34077


 भारत सरकार
 Government of India


 Ravinder Singh Walia
 Date of Birth/DOB: 10/10/1982
 Male/ MALE

3461 2572 2550
 VID: 9158 6617 5699 4918

मेरा आधार, मेरी पहचान



 भारत सरकार
 Government of India

Address:
 S/O: Prit Pal Singh, Ahluwalia Mohalla, Bir
 Sanaur, Patiala,
 Punjab - 147103

3461 2572 2550
 VID: 9158 6617 5699 4918

QR Code with Photograph

Dr. R.S. Maheshwari
 MBBS, MD (Gen) PCMS (Ex) M.I.A.P
 Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
 GILL ROAD, LUDHIANA-141003
 Registration No 34979


GOVT. OF PUNJAB
DRIVING LICENCE

D.L. No. _____
 Date 9-6-2000
 Name Ravinder Singh
 S/o: W/o Prit Pal Singh
 Address Bir Sanaur Patiala
 & Dist. Patiala D.O.B 10-10-82
 For Motor Car only
 Is Licenced to Drive Throughout India Vehicle of the Above Description
 Issue Date 9-6-2000
 Valid Upto 9-10-2009

FORM OF RULE 16 (1) ISSUED BY THE LICENCING AUTHORITY, PUNJAB

Ravinder

- Apollo Munich Health Insurance Co. Ltd.
 - Aviva Life Insurance Co. Ltd.
 - Star Health and Allied Insurance Co. Ltd.
 - Star Union Dal-Ic Insurance Co. Ltd.
 - Sah
 - Rel
 - Mar
 - Ede
 - Shr
 - Chi
 - TAT
 - Ind
 - Ex
 - IC
 - IC
 - C
 - R
 - R



Importa

1. Please Bring Orig for Any Pre-Insur
2. Center Will Not C or Lab Test Witho
3. Please Come Fastin As Per The Instructi By Your Corporate o
4. Please Keep Silenc And Switch Off You
5. Please Fill The "Fe And Do Not Hesita Faced Any Probler

YOU ARE UNDER CCT

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



Ludhiana, Punjab, India
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India
 Lat 30.883814°
 Long 75.858035°
 16/05/24 10:24 AM GMT +05:30



41 Years

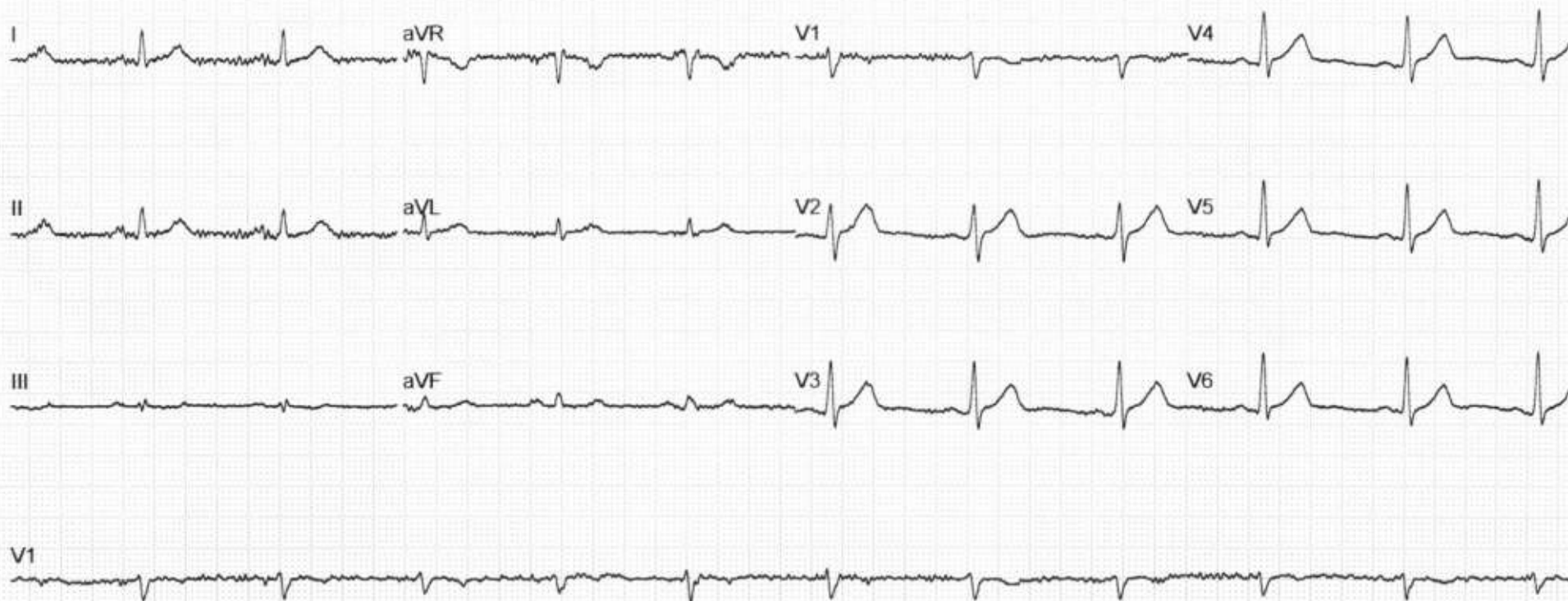
Male

QRS : 76 ms
QT / QTcBaz : 366 / 386 ms
PR : 132 ms
P : 64 ms
RR / PP : 890 / 895 ms
P / QRS / T : 24 / 22 / 19 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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



LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME Ravinder Singh walia

EMP.CODE _____

AGE / SEX 41y/m

DATE 16/5/24

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								

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____



DOCTOR SIGNATURE

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



Lab ID. :	02	Date :	16/05/2024
Name :	RAVINDER SINGH WALIA	Age/Sex :	41 /Years/Male
Ref. By :	MEDIWHEEL	Mac. No. :	1444

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	4.96	10 ³ /uL	4.0 - 11.0	
Lymphocytes%	38.4	%	20.0 - 50.0	
Mixed%	8.8	%	3.0 - 10.0	
Neutrophils%	52.8	%	50.0 - 70.0	
Lymphocytes#	1.90	10 ³ /uL	0.6 - 4.1	
Mixed#	0.44	10 ³ /uL	0.1 - 1.8	
Neutrophils#	2.62	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	13.1	g/dl	12.0 - 17.0	
R.B.C Count	4.53	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	41.7	%	36.0 - 47.0	
MCV	92.1	fl	80.0 - 99.0	
MCH	28.8	pg	27.0 - 32.0	
MCHC	33.5	g/dl	32.0 - 36.0	
RDW-SD	52.1	fl	35.0 - 56.0	
RDW-CV	13.8	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	204	10 ³ /uL	150 - 450	
MPV	10.4 H	fl	7.4 - 10.4	
PDW	13.7	fl	10.0 - 17.0	
PDW-CV	15.8	%	10.0 - 17.0	
PCT	0.213	%	0.108 - 0.280	
P-LCR	31.1	%	13.0 - 43.0	
P-LCC	64.0	10 ³ /uL	30 - 90	
ESR	06	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 : RAVINDER SINGH WALIA
AGE/SEX : 41Y/M
REF BY : MEDIWHEEL
DATE : 16.05.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	82mg/dl
PPBS	70-140mg/dl	88mg/dl
UREA(BUN)	15-45mg/dl	25mg/dl
CREATININE	0.7-1.5mg/dl	0.89mg/dl
URIC ACID	3.0-7.2mg/dl	6.30mg/dl
BUN/SR.CREATINIE RATIO	9:1-23:1 RATIO	28.0:1RATIO
CHOLESTEROL	140-200 mg/dl	153mg/dl
TRIGLYCERIDES	60-160 mg/dl	163mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	76mg/dl
VLDL	20-40 mg/dl	32mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.4:1mg/dl
LDL/HDL Ratio	1.7-2.5mg/dl	1.6mg/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 Goyal
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : RAVINDER SINGH WALIA
AGE/SEX : 41Y/M
REF BY : MEDIWHEEL
DATE : 16.05.2024

• LIVER PROFILE REPORT

DETERMINATION	NORMAL	RESULT
BILIRUBIN TOTAL	<1.2mg/dl.	0.77mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.22mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.55mg/dl
S.G.O.T	5-50Units/L	29Unit/L
S.G.P.T	5-50Unit/L	35Unit/L
GGTP	9-52 Units/L	24Units/L
ALK PHOSPHATASE	ADULTS 28-111 Units/L CHILD-54-369units/L	103Units/L
TOTAL PROTEIN	6.0-8.4 gm/dl.	7.1gm/dl
ALBUMIN	3.5-5.0 gm/dl	4.1gm/dl
S.GLOBULIN	2.0-4.0mg/dl	3.0mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1 gm/dl

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Surbhi
DR. SURBHI GOYAL
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 46106

LIFELINE HOSPITAL

MULTI SPECIALITY & SUPER SPECIALITY HOSPITAL



NAME : RAVINDER SINGH WALIA
AGE/SEX : 41Y/M
REF BY : MEDIWHEEL
DATE : 16.05.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.01ng/ml	0.70-2.04ng/ml
T4	5.35ug/dl	4.6-10.5ug/dl
TSH	1.345 μ IU/ml	0.40-4.20 μ IU/ml

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NAME : RAVINDER SINGH WALIA
AGE/SEX : 41Y/M
REF BY : MEDIWHEEL
DATE : 16.05.2024

(HbA1C)

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.40	%

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 glycemic 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 glycemic 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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Surbhi

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Reg No 40195

NAME : RAVINDER SINGH WALIA
AGE/SEX : 41Y/M
REF BY : MEDIWHEEL
DATE : 16.05.2024

URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	YELLOW
DEPOSIT	ABSENT
TRANSPERANCY	CLEAR
REACTION	ACIDIC
SECIFIC GRAVITY	1.025
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	2-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL
AMOURPHUS URATE	NIL

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Name : RAVINDER SINGH WALIA
Age/Sex : 41 YRS/M
Date : 16/05/2024

X-ray Chest PA View

The cardiac size and shape is normal.

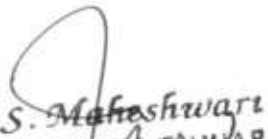
Both hilla are normal.

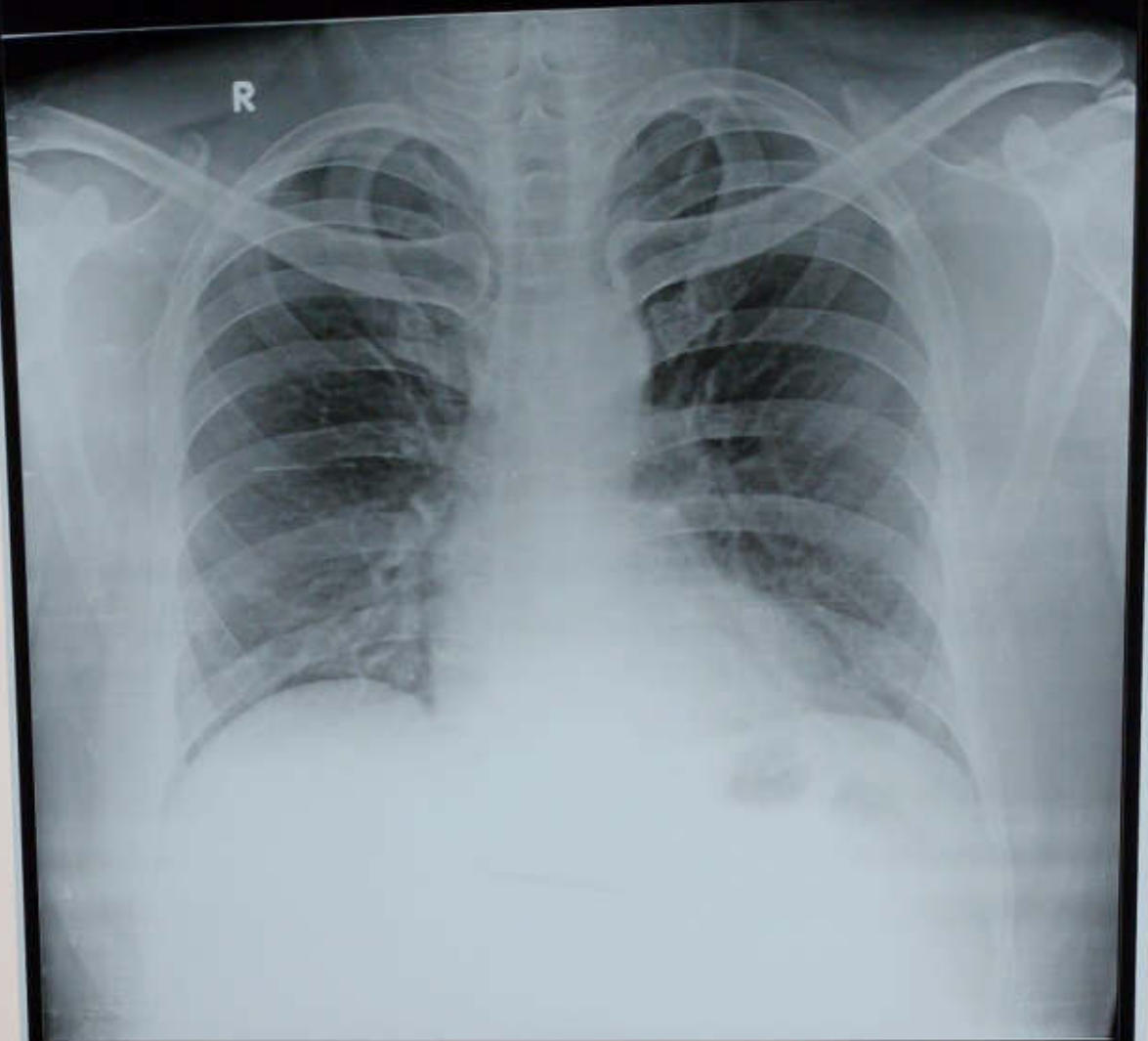
The lungs on either side shows equal translucenc

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. (Paed) PC M.S. (EAM) V.A.P
Consultant Physician & Child Specialist
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LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
M.B.B.S. M.D.
Reg No. 34970



RAVINDER SINGH WALIA 41 602 M CHEST,FRN P->A 16-05-2024 10:47
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA



Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: welfare@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. RAVINDER SINGH WALIA** aged, **41yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: Ludhiana

Date: 16/05/2024

Dr. Nitesh Kumar

MBBS

M. Nitesh Kumar
47093

Name & Signature of

Medical officer