

Health Check up Booking Request(43E1492)

1 message

Medsave <it@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@medlwheel.in

21 October 2024 at 17:51



011-41195959

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR AMAN NAGAR

Proposal No : 3708

Branch Code : 11F

Contact Details : 9871282439

Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D,
New Delhi, Delhi 110049

Appointment Date : 25-10-2024

Member Information		
Booked Member Name	Age	Gender
MR AMAN NAGAR	31 year	Male

Included Test -

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

Thanks,
Medsave
Team



आयकर विभाग भारत सरकार

INCOME TAX DEPARTMENT GOVT. OF INDIA

AMAN NAGAR

KARTAR SINGH NAGAR

02/10/1993

Permanent Account Number

BAOPN6595E

[Handwritten Signature]

Signature



Dr. M. HESH RAJ (M.D.)



04032016

To,
LIC of India
Branch Office

Date: 24/10/24
24/10/24

M. P. Pal
Dr. M. P. PAL
M.D.S. (MD)

11-P
Proposal No. 3708

Name of the Life to be assured Aman Abhinav

The Life to be assured was identified on the basis of RAI

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. M. P. Pal
Signature of the Pathologist/ Doctor

Name:



I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Anil

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	✓	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	✓
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	✓	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	✓	Proposal and othe. documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	✓
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

1





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

Branch Code: 11-F
Proposal/ Policy No: 3708
MSP name/code: 6018
Date & Time of Examination: 24/10/24
Medical Diary No & Page No: 10:15 Am

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: Pan ID Proof No: BAOPN6595E
(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 m. pal..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Amal
Signature/ Thumb impression of Life to be assured

(In case of Physical Examination)

1 Full name of the life to be assured: Aman Nagen
2 Date of Birth: 02/10/1993 Age: 31 Gender: male
3 Height (In cms): 160 Weight (in kgs) : 62
4 Required only in case of Physical MER

Pulse : 78 Blood Pressure (2 readings):
1. Systolic 124 Diastolic 80
2. Systolic 124 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

<p>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</p>	<p>No</p>
<p>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.</p>	<p>No</p>
<p>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</p>	<p>No</p>



Dr. MAHESH PAL
M.B.B.S. (M.D.)



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>	NO
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>	NO
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?	NO
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.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
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?	NO
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?	NO
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>	NO NO
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?	NO
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.)	NO
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.	NO



Dr. HESH PAL
MBBS, (MD)

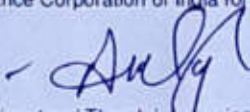


For Female Proponents only		
i	Whether pregnant? If so duration.	NA
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries 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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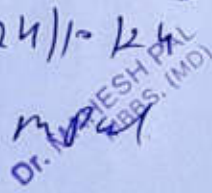
Declaration

You Mr/Ms Aman Mangal 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.



 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 ___ day of ___ 20___ 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:
Date:
Stamp:


 24/10/24
 24/10/24

 Dr. M. P. Singh
 MBBS. (MD)

Signature of Medical Examiner
Name & Code No:


 DR. M. P. SINGH (MD)



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: Aman Nayan

Age/Sex : 31/m

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness _____

Signature or Thumb Impression of L.A. _____

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?
Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done?
Y/N

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at _____ on the day of 20 24 10:15 AM

Aman Nayan
Signature of L.A.

Signature of the Cardiologist

Name & Address _____
Qualification _____ Code No. _____

DR. R. K. GUPTA
M.D. (Medicine)

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	62	124/80	78

(B) Cardiovascular System

Rest ECG Report:

NAD

Position	Supine	P Wave	Normal
Standardisation Inv	102	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60-2	T-wave	Normal
Ventricular Rate	60-2	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

ND 24/10/24
on the day of 2024

13:15 A2

24/10/24

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

MR. AMAN NAGAR
 ID : 70
 AGE/SEX : 31 Yr/M
 HT/WT : /
 DATE : 24-10-2024 10:30:39 AM
 REF BY : Dr.
 MACHINE INTERPRETATION : Normal ECG.

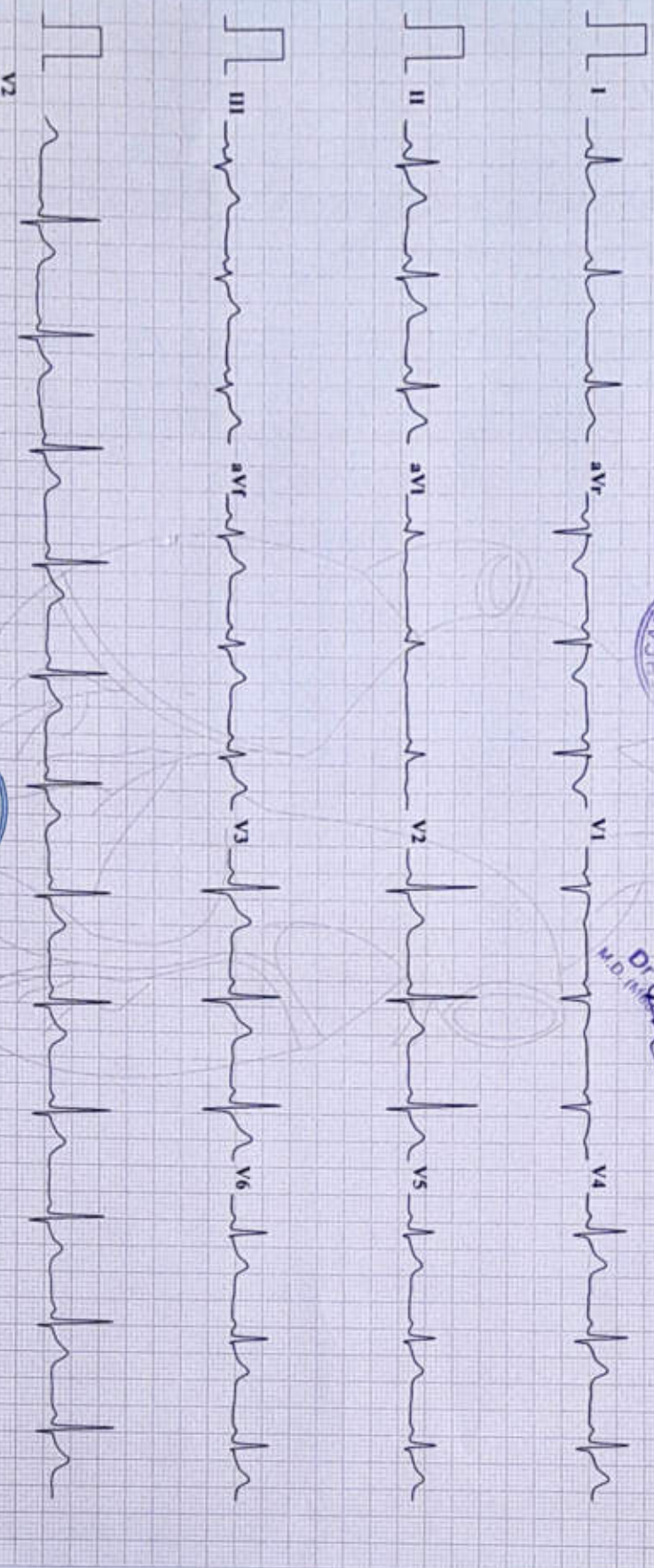
RATE : 79 bpm
 BP : N/A
 P Axis : 45 deg
 QRS Axis : 25 deg
 T Axis : 70 deg
 P Duration : 99 ms
 PR Duration : 112 ms
 QRS Duration : 76 ms
 QT Interval : 373 ms
 QTc Interval : 358 ms

Linked Median
 Speed : 25 mm/s
 Sensitivity : 10 mm/mV



WNL

Dr. Anil Kumar
 M.D. (Internal Medicine)



Filtered(35 Cycle) And Base Corrected



(201) 424, Indore. Tel: +91-731-4090011, Fax: +91-731-4001180. E-Mail: enq@corporateindia.net Web: www.metlifecare.com ECG No: 1401

Dr.



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	AMAN NAGAR	Sex:	MALE
Lab. No:	202401001	Age:	31
Date:	24/10/2024	Ref. By:	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P. Yellow	P. Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.010	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	1-1	0 -5 /HPF
Epithelial Cells	1-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	AMAN NAGAR	Sex:	MALE
Lab. No:	202401001	Age:	31
Date:	24/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	82	mg/dl	70 - 110
Total Cholesterol	170	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	112	mg/dl	50 - 150
S. Triglycerides	90	mg/dl	25 - 160
S. Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	10	mg/dl	6.0 - 21
S. Protien	7.4	g/dl	6.4 - 8.2
Albumin	4.7	g/dl	3.4 - 5.0
Globulin	2.7	g/dl	2.3 - 3.3
A:G Ratio	1.7	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	28	IU/L	5 - 40
SGPT(ALT)	35	IU/L	5 - 45
GGTP(GGT)	20	IU/L	11 - 50
S. Alkaline Phosphatase	96	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	15.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



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Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

durga HEALTHCARE

(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDER
WALSOND

DR. SIDHARTH
SHARMA, MBBS

DR. POOJA
JAIN, MBBS



*DR. SIDHARTH
SHARMA*

GPS Map Camera

New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,
India

Lat 28.572248°

Long 77.221445°

24/10/24 10:23 AM GMT +05:30



Google