

Proposal Number: PROHLT010261845

## MEDICAL EXAMINATION REPORT FORM

### 1. PERSONAL DETAILS:

1. Name: RAJ GOPAL NARAYANA  
2. Gender: Male ☐ Female ☒ Age: 58 Years (Months) 3. Marital Status: Married ☒ Single ☐

### 2. MEDICAL HISTORY:

(all sections have to be filled in detail. Please write nil in sections which are not applicable)

4. Have you ever suffered from or taken treatment, or been hospitalized for or have been recommended to take Investigations/ medication/ surgery or undergone a surgery for any of the following medical conditions?

#### A) Cardiovascular system/ Circulatory system:

High or Low Blood Pressure ☒ Chest pain/ Angina ☐ Heart Disease ☐ Palpitations ☐ Any other ☐

#### 1. Hypertension history: If yes please provide below details

a. Duration: 4 years  
b. Medications (Name and dosage): Tb Aten - 25 - OD

#### 2. Any other ailment? NO

#### B) Endocrine Glands & Exocrine Gland: NO

Diabetes ☐ Thyroid disorder ☐ Pituitary disorder ☐ Any other ☐

#### 1. Diabetes or Pre-diabetes condition: If yes please provide below details: NO

a. Type I or Type 2: ---  
b. Duration: ---  
c. Medications (Oral/ Insulin): ---  
d. Name and Dosage of Medications: ---

#### 2. Any other ailment? NO

#### C) Nervous System: NO

Stroke/TIA ☐ Epilepsy ☐ Paralysis ☐ Psychiatric/Psychological ☐ Any other ☐

Please Give Details: ---

#### D) Musculoskeletal system: NO

Arthritis/Joint Disorder ☐ Backache/ Spinal Disorder ☐ Gout/ Rheumatic fever ☐ Bone/Muscle Disorder ☐ Any other ☐

Please Give Details: ---

#### E) Respiratory system: NO

Tuberculosis ☐ Asthma ☐ Chronic Bronchitis/ COAD ☐ Pneumonia/ Any lung infection ☐ Any other ☐

Please Give Details: ---

#### F) Renal / Urinary system: NO

Renal failure ☐ Dialysis ☐ Stones ☐ Any Infections ☐ Prostate Disorder ☐ Any other ☐

Please Give Details: ---

#### G) Gastro Intestinal System: NO

Liver Disorder ☐ Ulcers ☐ Gall stones ☐ Any other ☐

Please Give Details: ---

#### H) Female Genital and Reproductive system: NA

Fibroid/ Fibroadenoma ☐ Cyst/ PCOD/Polyp ☐ Pelvic Infections/ Bleeding disorders ☐

Menstrual/Hormonal Disorders ☐ Any other ☐

Please Give Details: ---

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

ABMPN0851B



नाम /NAME

RAJGOPAL NARAYANA

पिता का नाम /FATHER'S NAME

RAJGOPAL ACHARI

जन्म तिथि /DATE OF BIRTH

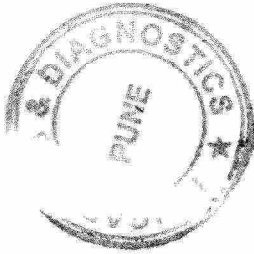
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हस्ताक्षर /SIGNATURE

*Rajgopal*

*Rajgopal*

आयकर आयुक्त-1, पुणे  
Commissioner of Income-tax I, Pune



*Rajgopal*

- PATHALOGY
- X-RAY
- STRESS TEST
- ECG

REG NO. : 646  
NAME : Mr. Rajgopal Narayana AGE : 58 Years SEX : Male  
REF BY : CIGNA TTK DATE : 23/02/2016

### COMPLETE BLOOD COUNT

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	: 14.5	gm/dl	14 - 18
R.B.C. Count	: 4.7	mil/cmm	4.5 - 6.0
Total WBC Count	: 7800	/ cmm	4000 - 11000

#### RED CELL ABSOLUTE VALUES

Packed Cell Volume	: 43	%	40 - 54
Mean Corpuscular Volume	: 91.49	cu micron	76 - 96
Mean Corpuscular Hemoglobin	: 30.85	picograms	27 - 32
Mean corpuscular Hb Con.	: 33.72	g/dl	32 - 36


#### DIFFERENTIAL COUNT

Neutrophils	: 62	%	40 - 70
Lymphocytes	: 32	%	20 - 45
Eosinophil	: 04	%	0 - 6
Monocytes	: 02	%	0 - 8
Basophils	: 00	%	0 - 1

#### PERIPHERAL SMEAR EXAMINATION

Platelets	: 282000	/cmm	150000 - 450000
RBC Morphology.	: Normocytic Normochromic		
Parasites	: not detected		
ESR	: 02	/hr	0 - 9

Technician

  
Dr. Ravi Swami  
M.D. (Path)

I) Any disorder/disease of the following:

Ear Nose Throat Eye Skin

Please Give Details:

Refractive error (+1.5) both eyes: 8 yrs

J) Any History of the following:

Tumor / Abnormal Growth

Cancer

HIV/AIDS

Any STD

Any other

Please Give Details:

K) Any other illness/disease/injury in the past 48 months other than for childbirth, flu or for minor injuries that have completely healed:

NO

5: Please detail any treatment taken in the past or being taken at present:

a) Name of medication(s):

b) Dosage and Frequency:

c) Date of starting medication(s):

Tb Aten 25  
once daily  
since 4 yrs

6. Do you Chew Tobacco/Smoke/consume gutka/consume alcohol/have any other addictions - YES No

If yes please specify duration and quantity:

3. PHYSICAL EXAMINATION:

7. GENERAL EXAMINATION:

a) Height: 165 Cms

b) Weight: 65.5 Kgs

c) Pulse: 62/min

d) BP readings: Reading 1

130/80 Reading 2

130/80 Reading 3

130/80 mmHg

e) BMI: 24.1

f) Obvious defect / deformity:

NO

g) Any Evidence of Below (Please tick wherever applicable):

Anaemia / Icterus/ Cyanosis/ Pedal Edema/ Enlarged Thyroid/ Enlarged Lymph Nodes/ Clubbing:

NO

h) Any other positive finding on general examination:

NO

8. a) Skin Disease/ Tumours/ Growths/Hernia/ Any other: Yes No

If Yes Specify:

b) Vision/ Hearing / Any Abnormality / Any other: Yes No

If Yes Specify:

c) Joints / Any Problems/ Any other: Yes No

If Yes Specify:

9. Systematic Examination:

a) Respiratory System:

b) Cardiovascular System:

c) Per Abdomen:

d) Central Nervous System:

Please detail all the positive findings:

Spectator examination (+1.5) both eyes 8 yrs

NOTE: The Policy shall be null and void and no benefit shall be payable under the Policy in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, medical history declaration and connected documents, or any material information having been withheld by the proposer or any one acting on behalf of the Proposer.

CUSTOMER DETAILS

Name of Customer:

Sign of Customer:

Place: PUNE

Date: 23/02/2016

DOCTOR DETAILS

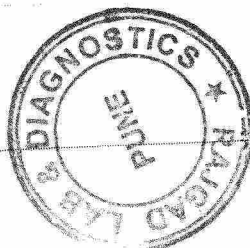
Name of Attending Doctor:

Sign of Doctor:

Degree/ Registration No.:

Dr. NILESH GUJAR  
M.B.B.S., D.G.M  
Reg. No. 2000/01/201

RUBBER STAMP OF DOCTOR:



- PATHALOGY
- X-RAY
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- ECG



Mukta Lab

REG NO. : 646  
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## URINE ANALYSIS REPORT

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<u>Physical Examination</u>			
Colour	: Pale Yellow		
Quantity	: 20 ml		
Appearance	: Clear		
Deposits	: Absent		
Specific gravity	: 1.020		
Reaction (pH)	: Acidic		4.8-7.6
<u>Chemical Examination</u>			
Proteins	: Absent		
SUGAR	: Absent		
Bile Salts	: Absent		
Bile Pigments	: Absent		
<u>Microscopic Examination</u>			
RBC	: Absent	/hpf	
PUS(WBC) Cells	: 1 - 2	/hpf	
Epithelial Cells	: 1- 2	/hpf	
Casts	: Absent		
Crystals	: Absent		
Amorphous deposits	: Absent		

Technician

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### BIOCHEMISTRY

TESTS	RESULTS	UNITS	REFERENCE RANGE
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#### PLASMA GLUCOSE, FASTING

RESULTS	: 84	MG%	70 - 110
METHOD	: GOD.POD.		
URINE SUGAR	: Absent		
URINE ACETONE	: Absent		
Serum CREATININE	: 0.8	mg/dl	0.5 - 1.5

#### LIPID PROFILE

S. Cholesterol	: 168	mg/dl	130 - 250
S. Triglycerides	: 142	mg/dl	60 - 160
HDL Cholesterol	: 47	mg/dl	35 - 55
LDL Cholesterol	: 92.6	mg/dl	80 - 285
VLDL Cholesterol	: 28.4	mg/dl	12 - 35
SGPT	: 26	U/ML	5 - 40
SGOT	: 22	U/ML	8 - 40

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### SERUM GGTP

#### TESTS

Sr.GGTP

#### RESULTS

: 38

#### REFERENCE RANGE

Upto 78

Dr. Ravi Swami  
M.D. (Path)

Technician



- Email : rajgadlb\_diagnostics@yahoo.com, mukta.pathology@yahoo.com



Ragopal Narayanan

Application No. /Policy No.:

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