CignaTTK Health Insurance Company Limited
Corporate Office: 10th Floor, Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway,
Goregaon (East), Mumbai - 400 063, IRDA Registration No. 151
Call (Toll Free): 1-800-10-24462 Visit: www.cignattkinsurance.in E-mail: customercare@cignattk.in

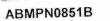


Proposal Number: PROHL TOLO 261845

MEDICAL EXAMINATION REPORT FORM

1. Name: RAJGOPAL MARAYAHA
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/ surge 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:
b. Medications (Name and dosage): The Afeu - 25 - 0D
2. Any other ailment?
B) Endocrine Glands & Exocrine Gland:
Diabetes Thyroid disorder Pituitary disorder Any other
1. Diabetes or Pre-diabetes condition: If yes please provide below details:
a. Type I or Type 2:
b. Duration:
c. Medications (Oral/ Insulin):
d. Name and Dosage of Medications:
2. Any other ailment?
C) Nervous System:
Stroke/TIA Falls
Stroke/TIA Epilepsy Paralysis Psychiatric/Psychological Any other Please Give Details:
. rects one Betalia.
D) Musculoskeletal system: VA
Arthritis/ Joint Disorder Bester (Oct 10)
Artinitis/Joint Disorder Backache/ Spinal Disorder Gout/ Rheumatic fever Bone/Muscle Disorder Any other Please Give Details:
E) Respiratory system:
T-1
Please Give Details: Asthma Chronic Bronchitis/ COAD Pneumonia/ Any lung infection Any other
F) Renal / Urinary system:
Renal failure Dialysis Steppe
Renal failure Dialysis Stones Any Infections Prostate Disorder Any other Please Give Details:
a w
G) Gastro Intestinal System:
Liver Disorder Ulcers Gall stones Any other
Please Give Details:
H) Female Genital and Reproductive system:
Fib10/Fib
Menstrual/Hormonal Disorders Any other Any other
Please Give Details:
The state of the s

स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER









RAJGOPAL ACHARI

जन्म तिथि /DATE OF BIRTH

04-03-1958

हस्ताक्षर /SIGNATURE

P Newson

Exer 2

आयकर आयुक्त-1. पुणे

Commissioner of Income-tax I, Pune

Polars

- PATHALOGY
- X-RAY
- STRESS TEST
- * ECG



REG NO.

: 646

NAME REF BY : Mr. Rajgopal Narayana

: CIGNA TTK

AGE

: 58 Years

SEX : Male

DATE : 23/02/2016

COMPLETE BLOOD COUNT

TESTS		RESULTS	UNIT	REFERENCE RANGE
Haemoglobin	24	: 14.5	gm/dl	14 - 18
R.B.C. Count		4.7	mil/emm	4.5 - 6.0
Total WBC Count		7800	/ cmm	4000 - 11000
RED CELL ABSOLUTE V	AL		, cilini	4000 - 11000
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				32 - 30
Neutrophils		62	%	40 - 70
Lymphocytes	;	32	%	20 - 45
Eosinophil	:	04	%	0 - 6
Monocytes	ě	02	%	0 - 8
Basophils		00	%	0 - 1
PERIPHRAL SMEAR EXAM	MΙ	NATION		0-1
Platelets		282000	/cmm	150000 - 450000
RBC Morphology.		Normocytic Nor		130000 - 430000
Parasites		not detected		
ESR		02	/hr	0 - 9

Techinician

Dr. Ravi Swami M.D. (Path)

Email: rajgadlb_diagnostics@yahoo.com, mukta.pathology@yahoo.com

	And the state of t
Any disorder/disease of the following:	
Any disorder Adose Throat Eye Skin	a lan and of gyun
Please Give Details: Refrontise cruw	(+1-5) both eyes : 8 yun
sale following: M	Any STD Any other
Any History of the following: Cancer HIV/AIDS Tumor /Abnormal Growth	Any STD Any other
Please Give Details:	analotoly healed:
4.42 months other than 1	for childbirth, flu or for minor injuries that have completely house
Any other illness/disease/injury in the past 46 months of the	for childbirth, flu or for minor injuries that have completely healed:
g a b - a seement 25 a d b - se body se	
ar being taken at Dre	esent:
: Please detail any treatment taken in the past or being taken at pre	5
a) Name of medical	20 0 4 40 5 5 7 50 0 2 0 40 5 5 7 500 0 10 10 10 10
c) Date of starting medication(s): 6. Do you Chew Tobacco/Smoke/consume gutka/consume alcohol/	/have any other addictions - YES No
6. Do you Chew Tobacco/Smoke/consume gutka/consume area	Single a control of control of the c
If yes please specify duration and quantity:	
PHYSICAL EXAMINATION:	
7. GENERAL EXAMINATION:	O) Pulse: 62 inn
a) Height: 1 6 5 Cms b) Weight: 65 5 Kgs d) BP readings: Reading 1 36 86 Reading 2 190	8 Reading 3 / 30 1 80 muchs
d) BP readings: Reading 1 36 80 Reading 2 1 201	Ma
f) Obvious defect / deferrancy	
	arged Lymph Nodes/ Clubbing:
g) Any Evidence of Below (Please tick wherever approach) Anaemia / Icterus/ Cyanosis/ Pedal Edema/ Enlarged Thyroid/ Enla	The state of the s
AND ADDRESS OF THE SECOND SECURITION OF THE SECOND	N
h) Any other positive finding on general examination:	and the same of th
8. a) Skin Disease/ Tumours/ Growths/Hernia/ Any other: Yes	No
If Voc Specify:	to seamon (+1.1) bother
b) Vision/ Hearing / Any Abnormality / Any other: Yes No	Spector reaucion (+1.T) bother
If Yes Specify:	
c) Joints / Any Problems/ Any other: Yes No	
If Yes Specify:	
9. Systematic Examination:	
a) Respiratory System:	40 E 5 T
b) Cardiovascular System: WyT)	
c) Per Abdomen:	4 1000 100 100 100
d) Central Nervous System:	The second of th
Please detail all the positive findings:	The second secon
The second second of the second secon	the state of the s
2 0 mm 1 1 0 mm	
C. Lallba covah	ble under the Policy in the event of untrue or incorrect statements, misrepresentation,
NOTE: The Policy shall be null and void and no benefit shall be polydomis-description or non-disclosure of any material particulars in the connected documents, or any material information having been withhous the connected documents.	ole under the Policy in the event of untrue or incorrect statements, misrepresentation, e proposal form, personal statement, declaration, medical history declaration and neld by the proposer or any one acting on behalf of the Proposer.
connected documents, or any material information having 5000	= /
CUSTOMER DETAILS	PAIN ESH GUJAN
Name of Customer:	Name of Manager S. D.G.M
- Mayer	Sign of Doctor: Degree/ Registration No.: Reg. No. 2000/01/201
Sign of Customer:	Degree/Registration No.: Reg. No. 2000
Place: PUME	
Date: 23 (2 2 0 1 6 3037/0	
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RUBBER STAMP OF DOCTOR:	
May b	J\$11
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- PATHALOGY
- X-RAY
- STRESS TEST
- ECG



REG NO.

: 646

: CIGNA TTK

NAME REF BY : Mr. Rajgopal Narayana

AGE

: 58 Years

SEX : Male

DATE: 23/02/2016

URINE ANALYSIS REPORT

<u>TESTS</u>		RESULTS	UNIT	REFERENCE RANGE
Physical Examination				
Colour		Pale Yellow		
Quantity		20 ml		
Appearance		Clear		
Deposits	•	Absent		
Specific gravity	*	1.020		
Reaction (pH)		Acidic		4.8-7.6
Chemical Examination				
Proteins	:	Absent		
SUGAR	:	Absent		
Bile Salts	1 <u>4</u> 5	Absent		
Bile Pigments		Absent		
Microscopic Examination				
RBC	:	Absent	/hpf	
PUS(WBC) Cells	:	1 - 2	/hpf	
Epithelial Cells		1-2	/hpf	
Casts		Absent	•	
Crystals		Absent		
Amorphous deposits	•	Absent		

Techinician

Dr. Ravi Swami M.D. (Path)

- PATHALOGY
- X-RAY
- STRESS TEST
- ECG



Mukia Lab

REG NO.

: 646

NAME

: Mr. Rajgopal Narayana

AGE

: 58 Years

SEX :

: Male

REF. BY

: CIGNA TTK

DATI

DATE : 23/02/2016

BIOCHEMISTRY

<u>TESTS</u>	RESULTS	<u>UNITS</u>	REFERENCE RANGE
PLASMA GLUCOSE, FASTI	NG		
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

Techinician

Dr. Ravi Swami M.D. (Path)

- PATHALOGY
- X-RAY
- STRESS TEST
- · ECG



REG NO.

: 646

NAME

REF BY

: Mr. Rajgopal Narayana

: CIGNA TTK

AGE

: 58 Years

SEX : Male

DATE : 23/02/2016

SERUM GGTP

TESTS Sr.GGTP

RESULTS

: 38

REFERENCE RANGE

Upto 78

Techinician

Dr. Ravi Swami M.D. (Path)

- * PATHALOGY
- X-RAY
- STRESS TEST
- * ECG



Sinus shythm lett axis deviation printrale

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

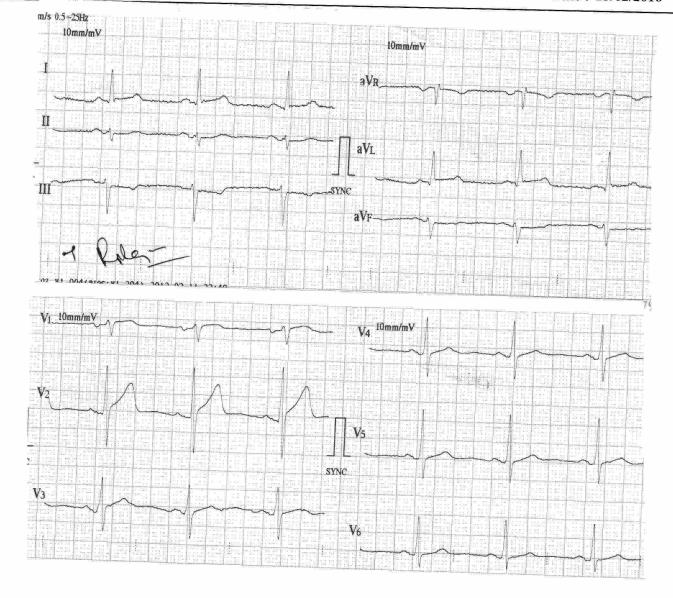
Name : Rajgopal Narayana

Age : 58Y

Sex: Male

Ref. Dr : CIGNA TTK

Date: 23/02/2016



Checklist: CIGNA TTK Health Insurance

Client Name:

Raygopal Narayana

Application No. /Policy No.: PROHLT010261845

Set I	MER	
	MER	
	RUA	
	CBC ESR	
Set II	SGPT	
	Cholestrol	
	Creatinine	
	HbA1c	
Fotos	ECG	
	MER	1
	CBC ESR	1
	FBS	
	Lipid Profile	1
Set II A	SGOT	1
$\overline{}$	SGPT	L
	GGTP	1
	Creatinine	_ <u> </u>
	ECG	1
	MER	
	RUA	
	CBC ESR	
	SGOT	
	SGPT	
Set III	GGTP	
	Lipid Profile	
-	Creatinine	
	Uric Acid	
	Hba1c	
	ECG	
	MED	
	MER	
	CBC ESR	
	FBS	
	SGOT	
	SGPT	
	GGTP	
et IV	Lipid Profile	
	Creatinine	
	Uric Acid	
	HIV	
	Hba1c	
	TMT	
	USG (A & P)	
	CEA	

	MER	
	RUA	
	CBC ESR	
	FBS	
	LFT	
	RFT	
	Lipid Profile	
	Creatinine	
Set V	HIV	-
	Hba1c	
	TMT	
Х		_
	PAP SMEAR (F)	
	USG (A & P)	_
	Chest X-Ray	
*	PSA	_
	MER	
	RUA	-
	CBC ESR	-
	FBS	-
	SGOT	-
	SGPT	
	GGTP	
Set IX		_
SELIX	Lipid Profile Creatinine	
	Hba1c	
	TMT	_
		_
	Peripheral Blood Smear(M & FE)	
	USG (A & P)	
	Chest X-Ray	_
	Uric Acid	_
2.0-2		
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thers		
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