ICICI PRUDENTIAL LIFE INSURANCE

MEDICAL EXAMINATION REPORT (MER)

Application No. : OB15725654 Examinee Name: Mr./Mrs./Ms. PARAMESWARI

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 10-01-2021 Place: - Clinic ☐ Residence/Office ☐ Time: 8-00AM

Mark Of Identification: Mole/Scar /Any Other (Specify location) A mole on the (L) fore arm.

Date of Birth: 05 DD 04 MM 1970 YYYY Gender: Male Female ☐ Examinees Contact no. -

Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co. ID card / Any other AADHAAR ID **Details of photo ID checked**

Measurements:

Height: 159 cms Weight: 104 kgs Waist: 132 cms Hip: 123 cms

Blood Pressure: Initial 130 Systolic / 80 Diastolic

(If>140/90, pls record **3** reading with intervals of 5 mins each)

1. 130/80 2. 3.

Pulse rate and character: 78/min

Habits & Addictions:

TYPE	QUANTITY PER (DAY/WEEK/MTH)	DURATION
Cigarettes/Beedis/Cigar	NO	
Gutkha/Snuff/Paan etc	NO	
Beer/Wine/Hard Liquor	NO	

Family History & Health Status:

RELATION	AGE/FLIVING	HEALTH STATUS	IF DECEASED, AGE AND CAUSE OF DEATH
FATHER			Not Alive - 56 Diabetic death
MOTHER			Not Alive - 76 Natural death.
BROTHER (s)	-NO-		
SISTER (s)	46	Healthy	

If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis &date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
1) Are you the examinees medical attendant? If yes, since _____ year(s).	☐	☑	
2) a) Is there any abnormality or deformity or disorder in general appearance?	☐	☑	
b) Describe Build - Normal / thin / muscular / obese / stocky	☐	☑	
c) Has there been any significant weight gain or weight loss recently?	☐	☑	
3) Whether in the past, the examinee:			
a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls)	☐	☑	(B) (C)
b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests /Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings)	☐	☑	LSCS Done in-1995
c) Underwent surgery , if yes, please specify:	☑	☐	
i) The year and nature of operation & diagnosis			
ii) Location of the scar, size & condition of the scar.			
iii) Degree of impairment, if any			
4) Has the examinee or his / her spouse been tested positive or is under treatment for **HIV / AIDS** / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	☐	☑	If answer is yes, please provide details as per the questions mentioned above
5) Mouth, Eyes, Ears, Nose and Throat:			(Kindly attach separate sheet for details, if required)
a) Is there any evidence of **oral cancer or leukoplakia**?	☐	☑	
b) Any history of ear discharge / perforation / nose bleed or any other ear / nose/ throat abnormality	☐	☑	
c) Any history of error of refraction or evidence of eye / retinal abnormality or **Cataract**	☐	☑	
6) a) Is there any history of seizures (focal orgeneralized), peripheral neuritis, fainting, frequent headaches?	☐	☑	
b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?	☐	☑	
7) CVS:			
a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease?	☐	☑	
b) Any evidence of gallop, carotid bruit, raised JVP, pedal edema, gross pallor?	☐	☑	
c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis.	☐	☑	
d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?	☐	☑	

COVID-19 declaration for physical medicals

ICICI PRUDENTIAL LIFE INSURANCE

Application number: 0 3 1 5 7 2 5 6 5 4 **Date** 2 0 0 4 2 0 2 1

Name of life to be assured: P A R A M E S W A R I

- I, the above named applicant, hereby declare and give my approval to conduct medical tests with regards to my proposal to purchase a life insurance policy from ICICI Prudential Life Insurance Company Ltd. ("Company") through Home/Centre visit.
- I certify, represent and warrant as follows:

  I have not:

  1. Tested positive with COVID-19 or its symptoms
  2. Been identified as a potential carrier of COVID-19 and/or any of its symptoms;
  3. Experienced any symptoms commonly associated with COVID-19
  4. Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be infected with the COVID-19
  5. Been in any location positively designated as hazardous and/or potentially infected with COVID-19
- I further affirm and declare that the answers to the above questions are true, correct and complete to the best of my knowledge.
- I understand and declare that I have read and understood the nature of the above questions, and the guidelines shared by the Company to prevent spread/carry/catching of COVID-19. Further, I am aware of the risks associated with undergoing medical tests/examination either through Home/Centre visit, and understand/agree that the Company shall not be held liable in any manner for any act or omission with respect to undergoing medical tests.
- I will take all reasonable preventive steps that may be recommended by the Company and further agree and undertake to notify the Company of any change in my health status, including diagnosis/or quarantine.

This application shall form a part of my life insurance policy contract, in case of acceptance by the Company.

Signature of Life Assured: _____

Place: CHENNAI

Signature of witness: _____

(Note: To be witnessed by someone other than the advisor/employee of the Company)

RAGHA DIAGNOSTICS CENTRE
No.3, Makkaram Garden,
Kolathur,
Chennai-600099

HealthAssure
Good Life

CUSTOMER FEEDBACK

Name of Customer	PARAMESWARI
Insurer	ICICI
Contact No	-
Date of medical	10-01-2021

Test Conducted	**Please tick below**
MER	✓
ECG - Self Attested	✓
Pathology	✓
ID Proof - Self Attested	✓

Please grade your medical experience			
Excellent	Good ✓	Average	Poor

Remarks - -

I agree that the above mentioned information is correct

Customer signature

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Chennai-600099

இந்திய அரசாங்கம்
Government of India

பரமேஸ்வரி
Parameswari

பிறந்த நாள்/DOB: 05/04/1970

பெண்/ Female

[redacted] 4747

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

RAGHA DIAGNOSTICS CENTRE
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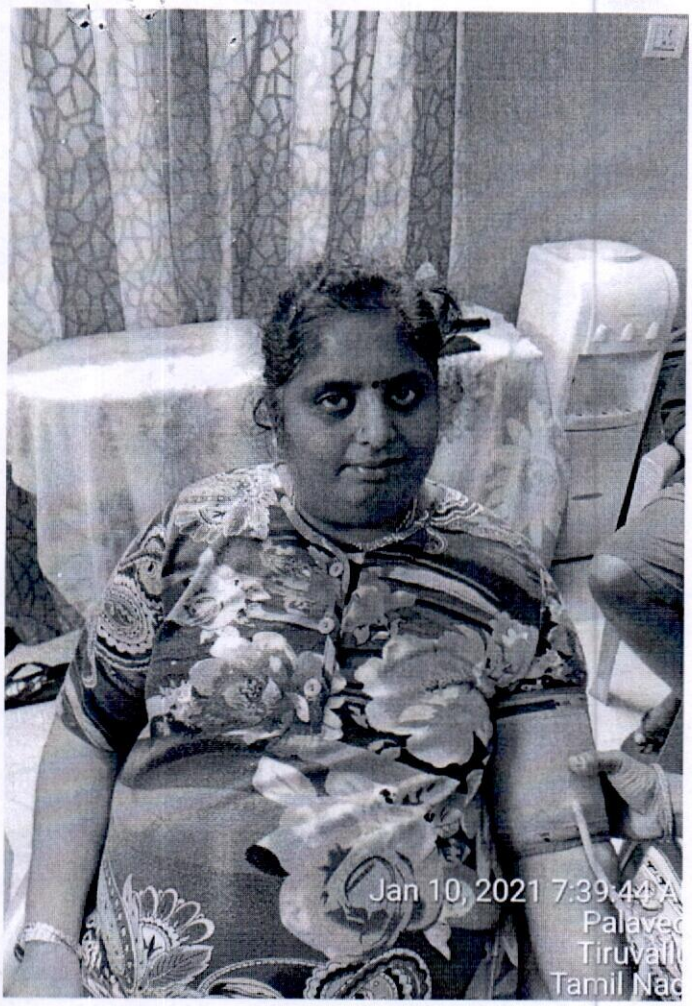

MR. PARAMESWARI

ICICI

RAGHA DIAGNOSTICS CENTRE
No.3, Makkaram Garden,
Kolathur,
Chennai-600099

RAGHA DIAGNOSTICS CENTRE

No. 3, Makkaram Garden, Kolathur, Chennai - 99
(Near Perumal Koil & Kolathur Post off.)
Ph : 6382369989

000240 / 2021

Mrs. PARAMESWARI

ICICI PRUDENTIAL LIFE INSURANCE CO.

10/01/2021

50 Y / Female

SET 5

HbA1c

Glycosylated Haemoglobin (HbA1c)	: **7.2**	%	Non-Diabetic : Up to 6.0 Good control : 6.0 - 7.0 Fair control : 7.0 - 8.0 Poor control : Above 8.0

COMPLETE BLOOD COUNT

HAEMOGLOBIN	: **10.5**	gm%	Men : 13.5 - 18.0 Women : 11.5 - 16.4
TOTAL WBC COUNT	: **7800**	cells/cumm	4000 - 11000
DIFFERENTIAL COUNT.			
NEUTROPHILS	: **63**	%	40 - 80 (Automated)
LYMPHOCYTES	: **35**	%	20 - 40 (Automated)
EOSINOPHILS	: **2**	%	1 - 6 (Automated)
TOTAL RBC COUNT	: **4.37**	Million/cmm	Men : 4.5 - 5.5 Women : 3.8 - 4.8
PCV	: **34.3**	%	MALE : 40 - 50 FEMALE : 30 - 40
MCV	: **78.7**	fl	80 - 100.
MCH	: **24.0**	pg	26 - 34.
MCHC	: **30.6**	g/dl	31 - 37.
PLATELET COUNT	: **3.23**	Lakhs/cumm	1.50 - 4.0

Lab Technician

S. Vidhya

Dr.VIDHYA SUBRAMANIAN M.D.,
Pathologist
Reg No. 90827

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50 Y / Female

ESR			
1/2 HR	: 3		
1 HR	: 7		Male : 0-15mm Female : 5-20mm
BLOOD SUGAR (FASTING)	: 195	mg/dl	60 - 110
S.CREATININE.	: 0.9	mg/dl	Men : 0.6 - 1.1 Women : 0.5 - 0.9
LIPID PROFILE			
TOTAL CHOLESTROL	: 186.0	mg/dl	Desirable : < 200 Borderline high : 200 - 240 High : > 240
TRIGLYCERIDES (TGL)	: 140.00	mg/dl	ADULT : 60 -170
HDL CHOLESTROL	: 42.0	mg/dl	Male : 35 - 80 Female : 42 - 88
LDL CHOLESTROL	: 116.0	mg/dl	Optimal : <100 Near or above optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >190
VLDL CHOLESTROL	: 28.0		< 40 mgs%
TOTAL CHOLESTROL/HDL Ratio	: 4.4		Male : 3.8 - 5.9 Female : 3.1 - 4.6
LIVER FUNCTION TEST			
BILIRUBIN (TOTAL)	: 0.9	mg/dl	Adults 0.0 - 1.1
BILIRUBIN (DIRECT)	: 0.3	mg/dl	Adults : 0.2 - 0.7

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10/01/2021

50 Y / Female

BILIRUBIN (INDIRECT)	: 0.6	mg/dl	0.2 - 0.7
SGOT	: 12	U/L	Adult Male : <37 Female: <31
SGPT	: 15	U/L	Adult Male : <45 Female: <34
S.ALKALINE PHOSPHATASE	: 79	IU/L	Adults : Up to 315
A/G RATIO			
TOTAL PROTEIN.	: 6.8	g/dl	Adult : 6.4 - 8.3
ALBUMIN.	: 4.0	g/L	Adult - 3.8 - 4.4
GLOBULIN.	: 2.8	gm/L	2.3 - 3.6
A/G Ratio	: 1.4	gm/L	1.0 - 2.3
LIVER FUNCTION TEST			
GAMMA GT (GGT)	: 16.0	U/L	0 - 30 IU/L
HBS Ag	: Negative		
HIV I & 2 (ELISA) Result	: Negative		

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10/01/2021

50 Y / Female

Patient Value	: **0.048**	
Cut off Value	: **1.300**	
URINE COTININE		
VALUE :	: **81.0**	Less than 200 ng/ml
URINE COMPLETE ANALYSIS		
URINE COMPLETE ANALYSIS		
Physicial Examination	: -	
Colour	: **Straw Yellow**	
Transparency	: **Clear**	
Reaction	: **Acidic**	
Specific Gravity	: **1.022**	
Chemical Examination	: -	
Albumin	: **Nil**	
Urine Sugar Fasting	: **Nil**	
Bile Salt	: **Negative**	
Bile Pigment	: **Negative**	
Microscopic Examination	: -	
Pus Cells	: **0 - 2**	
Epi.Cells	: **1 - 3**	
RBC s	: **Nil**	
Cast	: **Nil**	
Crystals	: **Nil**	

*** End of the Report ***

Lab Technician

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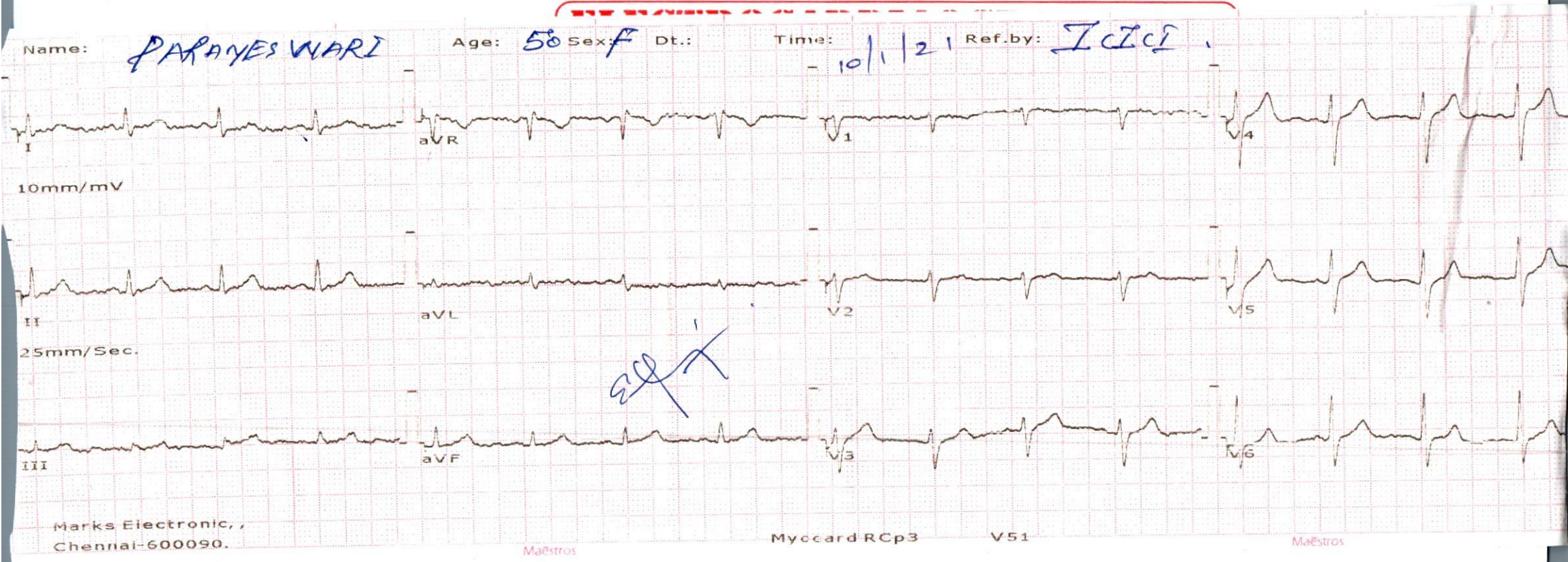
H/A

Name: PARAMESWARI Age: 58 Sex: F Dt.: Time: 10:12 Ref.by: ICICI.



Normal Sinus Rhythm
Normal Axis
No ST-T Changes

Dr. P. RAJA., M.D.,
Reg. No. 67802
Cardilogist & Diabetologist

CARDIOLOGIST OPINION :

PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?	☐ ☐	☑ ☑	
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? **b) Is there any evidence of end organ damage?**	☐ ☐	☑ ☑	
10) a) Is examine suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? **b) Is there any evidence of end organ damage?**	☐ ☐	☑ ☑	
11) GI System - Is there: a) **Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines?** b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?	 ☐ ☐ ☐	 ☑ ☑ ☑	
12) **GU System**: Has the examinee suffered or is suffering from diseases like stones, infections etc. of **kidney**, ureter, urinary bladder or urethra?	☐	☑	
13)Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details	☐	☑	
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?	☐	☑	If answer is yes, please provide details as per the questions mentioned on earlier page (Kindly attach separate sheet for details, if required)
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelsma? b) Any operative / non operative significant scars - burns, injuries.	☐ ☐	☑ ☑	
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)	☐	☑	
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? **b) Has examinee suffered from significant enlargement of lymph glands?**	☐ ☐	☑ ☑	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any	☐ ☐	☑ ☑	
19) **Is the examinee currently under any form of medication?**	☐	☑	
20)**FOR FEMALE EXAMINEE ONLY :** a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ **d) Do you suspect any disease related to breast on history?** (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) **f) Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis?** If yes, please give details of date, reason and result.	 ☐ ☐ ☐ ☐ ☐	 ☑ ☑ ☑ ☑ ☑	

Note:- This contract of insurance is based on the principle of utmost good faith, which means that you have disclosed complete details of your health, previous medical history (if any) and any other details about yourself and your family. If you wish to disclose any details (health or otherwise), which have not been disclosed or have been incorrectly disclosed, in the proposal form, please contact any of our touch points as specified below. Please note that Non-disclosure of any material information may render the policy null and void.

EXAMINEES DECLARATION : - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.

Signature / Thumb Impression of Examinee	Signature of person accompanying minor life & Relation	CHENNAI City

EXAMINERS DECLARATION: - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

Signature of the Medical Examiner	Rubber Stamp with ME code	ME Name and Qualification

Dr. P.RAJA., M.D.,
Reg. No: 67802
RAGHA DIAGNOSTICS CENTRE
2, Makkaram Garden,
Kolathur, Chennai-600 099.

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:-

Was the examinee co-operative? (YES / NO) Yes

In your opinion, is there anything about the examinees health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? —

Any other remarks e.g: - your clinical impression, suggestions, recommendations —