

PROPOSAL FORM NO.

MEDICAL EXAMINAR'S CONFIDENTIAL REPORT TO THE CORPORATION

1. If the agent of life proposed holder is your relative/regular patient or employee please life do not examine.
2. Please check the identity of the life proposed as per his original N.I.C.
3. Female examiners should not examine adult male lives.
4. Female life proposed should be examine by a Female doctors as Prescribed.
5. Please send the report direct to the zonal office.
6. Before sending: please an sure that every question has been answered.

- A**
1. How long have you known the insured?
 2. National identity Card No.

3. Mark of identification

B Measurements

Height _____ Meter _____ cm. Weight _____ k.g

Chest Full insp _____ cm. Exp _____ cm. Abdomen at umbilicus _____ cm

C. Pluse St rest	Rate per minute	Irregularities	
		No.	Type

D Blood Pressure	(Three readings)		
	Lying down	Sitting Down	Standing
Systolic			
Diastolic 5 th Phase (one cessation of sound)			
Instrument Used			

E Any Heart Murmur ? Yes NO

F Is there any sign of past or present disease of the following type ?

- | | | |
|--------------------|------------------------------|-----------------------------|
| 1. Respiratory | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Digestive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Genito-Urinary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Cardio Vascular | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Glandular | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Nervous System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Brain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Bones & Joints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- G**
1. How old does he/she look ?
 2. Is his/her appearance healthy ?
 3. Any impairments of sight or hearing ?
 4. Any disease of gums or teeth ?
 5. Which teeth are missing ?
 6. Are dentures worn ?
 7. Any deformity, lameness or other physical defect ?
 8. Any hemia Yes REDUCIBLE IRREDUCIBLE
 NO

H Urine Analysis

Sp. Gravity _____ Sugar _____ Albumen _____
Was urine passed in your Clinic ? _____

I FEMALE SECTION

- i. Any sign of past or present disease of the breast ? _____
- ii. Any sign of pregnancy ? _____
- iii. Have past confinements resulted in complications ? _____
- iv. Any sign of past or present disease of female reproductive organs etc. _____

HEART SECTION

J. To be completed in cases

1. Exercise. Test		Ten ascend on an ordinary chair	
(a) Pluse	Rate per minute	Irregularities	
		No	Yes
(i) Immediately After exercise			
(ii) 3 minutes after exercise			

(b) Any Dyspnea of heart after exercise ?
Yes No

(c) If there is a murmur, how did exercise affect it ?
 No effect Accentuated Reduced or disappeared

2. Other Particulars of murmur if any

(a) Type Systolic Diastolic
 Presystolic at Apex Base

(b) Transmission Axilla Scapula None

(c) Is it heard when breath is heart ? Yes No
While Standing ? Yes No
While recumbent? Yes No

3. Other question on heart.

(a) Any Hypertrophy ? Yes No

(b) Is heart Normal ? Yes No

(a) Apex located in _____ interspace _____ cm.
To left of mediasternal (mid body) line.

K. Examiner's remarks amplifying answers to any previous Question or on any other adverse feature.

Examiner's Signature _____

Examiner's Seal

Date _____ Time _____ pm/am

Name in Capital Letters

Address _____

Authorized Limit Rs _____