

Personal Statement and Medical Report of Adult

The Following Questions are to be Asked and Recorded by Medical Examiner

Proposal Number : Date :

 Name of Proposed : Date of Birth :
 (as per application)

Health Questionnaire	Yes	No		Yes	No
1. Currently are you in good health? If "No", then ask for reason, name of doctor, hospital, clinic and describe in details:					
2. Is there any family (paternal, maternal) disease i.e., Diabetes, Hypertension, Asthma, Bleeding Disorder, Insanity, Epilepsy, Cancer, Tuberculosis, Leprosy etc.?			4. Are you now under treatment for any disease or accident?		
3. Have you ever been treated for any of the following disease?			5. Have you ever been admitted to a hospital or clinic due to any disease, surgery and/or accident?		
a) Disease of nose, ear, throat and eye?			6. Is there any remarkable change of your weight?		
b) Dizziness, fits, fainting, convulsions, frequent headache, speech defect, Stroke, Paralysis, mental or neurological disorders?			7. Did you ever have any investigations like blood test, ECG, X-ray, ultrasonogram etc.?		
c) Breathing problem, Persistent Cough, Tuberculosis, Haemoptysis, Bronchitis, Pneumonia, Asthma, Emphysema, Pleurisy, any other disorder of respiratory system?			8. Do you intend to seek any medical advice, treatment or medical investigations?		
d) Chest pain, palpitation, hypertension, rheumatic fever, valvular disease, heart murmur, any disease in heart and blood vessels?			9. Have you received any treatment for AIDS or sexually transmitted disease?		
e) Peptic ulcer, haematemesis and maelena, appendicitis, colitis, diverticulitis, haemorrhoids, hernia, piles, chronic diarrhoea, any other disease in stomach, intestine and gall bladder, jaundice?			10. Are you habituated to tobacco, alcohol or any drug?		
f) Albumin, sugar, pus, in urine, venereal disease, stone and other disease in kidney, uro-genital tract, prostate?			Number of Cigarette:		
g) Diabetes, thyroid problem or any endocrine disease?			Consumption of Alcohol:		
h) Gout, arthritis, rheumatism, sciatica, disease in muscles or bones, joints, spine or back?			If any answer (2-9) is yes, please give details :		
i) Any deformity, lameness or amputation?					
j) Any enlarged lymph glands, cyst, tumor or cancer, any skin disease?					
k) Allergens, oedema, anemia or other disease in blood?					

11. Family History						
Living				If Dead		
Relation	No.	Age	Health Status	Age on Death	Cause of Death	Year of Death
Father						
Mother						
Brother						
Sister						
Spouse						
Son						
Daughter						

12. Female only		Yes	No			Yes	No
a) Are you pregnant now? If yes, duration:				b) Did you ever suffer from any disease of uterus, breast and female organs?			
				If 'Yes' give details			

Declaration

I declare that I am the person named as Proposed, the above statements and answers are true and complete to the best of my knowledge and belief. I confirm that they are correctly recorded and are a continuation of and form a part of the application on my life to Shanta Life Insurance PLC.

Signature of Proposed Insured with date:

Medical Examiner's Confidential Report

(Medical examiner is not allowed to examine his own patients, relatives and if applicant is related to Agent)

How long have you known the Proposed Applicant ☐ Just met ☐ ____ Years Are you related with proposed? ☐ Yes ☐ No

1. Please record the following :											
a) Anemia ☐ Yes ☐ No		Height		Weight		Chest (Full inspiration)		Chest (Full Expiration)		Abdomen at Umbilicus	
b) Oedema ☐ Yes ☐ No		ft.....inch		lbs		inch		inch		inch	
c) Jaundice ☐ Yes ☐ No		Or cm.		Or cm.		Or cm.		Or cm.		Or cm.	
2. Is the proposed looking unhealthy or older than stated age?				Yes No							
3. Pulse : Exercise sufficiently to increase the rate at least 25 beats/minute after exercise (if pulse rate is irregular do not go for exercise) Please note the type of irregularities (if any)						4. Blood Pressure : Please record 3 times, if systolic and diastolic reading is over 140 and 90, and proposed is hypertensive					
		At Rest		After Exercise		After 5 minutes				1 2 3	
Rate								Systolic			
Irregularities per minute								Diastolic			
5. Heart : Is there any signs of				Yes No		Yes No					
a) Enlargement						b) Murmur (s)					
c) Dyspnea						d) Oedema					
6. Is there any abnormality detected during examination of following?				Yes No		Yes No					
a) Eyes, ear, nose, throat and mouth? (if vision and hearing impairment corrected, provide correction indicators)						b) Respiratory system (breathlessness, limited inspiration and expiration)?					
c) Nervous system (include reflexes, paralysis, gaits)?						d) Abdominal organs (explain in details if there is any scars in abdomen)?					
e) Genitourinary System?						f) Endocrine system including thyroid and breast?					
g) Skin, lymph nodes, peripheral arteries, varicose veins?						h) Musculoskeletal system (including spine, joints, amputations, deformities)?					
7. Are there any Hernia detected?						8. Do you know any other abnormal medical history of proposed?					
9. Do you suspect anything adverse about proposer's health, character, morality, habits, morals anyway not covered above? (please send a confidential report to Medical Director)											
If the answer to any question (5-9) is "Yes", mention the details with respect to the question.											

I confirm that I have made this examination in private, asked the questions stated in this report and have recorded the answers in full given to me by the Proposed applicant.

Signature of the Examiner : Name of Examiner :

Date & Place : / Degree (s) : BMDC Reg. No. :

Mobile No. :