



MEDICAL EXAMINER'S REPORT (FORM NO: UND 4)

Branch :

Prop. No/Policy No. :

This report is strictly confidential statement and the Medical Examiner is requested to forward it direct to the company and not to communicate its contents to the applicant or to other unauthorized person.

1. a) Full Name of the Life to be assured :	
b) Age nearer Birthday :	
Identity Document of Assured for verification (Type) : Identification No :	
2. Has the proposer/life to be assured ever been attended by you ? If so, Please state: a) The Nature of illness:..... b) Duration of illness:..... c) Whether any special report/examination has conducted and any adverse finding revealed.....	
3. GENERAL APPEARANCE a) Does the proposer/life to be assured appearance correspond to the age stated? b) Is there any deformity, any abnormal spinal curvature, any abnormality of growth, any mutilation or scar of operation? If so, give particulars. c) Have you any reason to suspect intemperance in the consumption of Alcohol, cigarettes or the use of narcotics?	
4. BUILD a) Height without shoes: d) Weight in the clothes: b) Chest at expiration: e) Abdominal girth: c) Chest at deep inspiration: f) Has weight recently changed:	
5. CIRCULATORY SYSTEM a) In which intercostals space is the apex beat palpable? b) Is there evidence of cardiac enlargement or displacement? c) Is there evidence of dyspnoea, cyanosis or oedema? d) Pulse rate per minute..... e) Is the Pulse regular?.....If not, state irregularities per minute at rest.....after exercise..... f) Blood Pressure Systolic (1).....(2).....(3)..... (Please record 3 readings) Diastolic (5th Phase) (1).....(2).....(3)..... g) Is there a heart murmur?.....If so, please describe below: i) Location : { } Apical area { } Aortic Area: { } Pulmonic Area ii) Timing : { } Systolic { } Diastolic { } Presystolic iii) Transmission: { } Neck { } Axilla { } Scapula iv) Murmur: { } Constant { } Inconstant { } Absent v) Effect of exercise: { } Increased { } Decreased { } Unchanged	
6. RESPIRATORY ORGANS a) Is the result of percussion normal? If not please give details?: b) Is the result of auscultation normal? If not please give details?: c) Is there any evidence of disease of the respiratory organs?: If so, please describe	
7. DIGESTIVE ORGANS a) Do palpation and percussion suggested any pathological changes of the abdomen or is there tenderness or pressure over the epigastrium? If so, Please give details. b) Is there evidence of enlargement of the liver and or spleen? c) Is there hernia? d) Condition of teeth? a)..... b)..... c)..... d) () Good () Fair () Poor	
8. GENITO-URINARY ORGANS a) Urinalysis: a) Albumin : b) Sugar : b) Is there any suspension of the sexual organs (Prostate Gland), testes, epididymis? (for male only) : c) Is hydrocele present? (for male only) :	
9. EYES AND EARS Is there any disease/defects of the Eyes or Ears? If so, please describe and initiate whether uni-or bilateral and detail at current conditions.	

10.	NERVOUS SYSTEM Is there any suspension of mental or neurological disorder? If Yes, please give details	
11.	SKIN AND BONES a) Is any evidence of skin disease? b) Is there any evidence of disease of the bones or joints?	
12.	MODE OF LIVING Is the proposer/life to be assured's occupation or mode of living likely to be detrimental to his health?	
13.	AIDS Has the proposer ever been counseled or Medically advised in connection with AIDS or had an AIDS blood test? If so please give details, date and results.	
14.	For female lives only a) Is there any disease of the breasts? b) Is there any evidence of pregnancy? If so, months c) Do you suspect any disease of uterus, cervix or ovaries?	
15.	Details – Please give full details of adverse finding and opinion. (Please use additional paper if required.)	
<p>I hereby declare that I have examined the proposer whose own signature is as below and have answered the foregoing questions to the best of my profession, knowledge and belief.</p> <p>Examination Conducted at : On (Date):</p> <p>Medical Examiner's Name: Signature:</p> <p>Qualification and NMC No: (Doctor's Stamp)</p>		
<p>Date :</p> <p>_____ Life to be assured's Signature</p> <p>_____ Proposer's Signature (Incase Proposer and Life to be Assured is different) Address :</p> <p>(To be signed in the presence of the Medical Examiner in the language as signed in proposal form)</p>		
<p><u>Chief Medical Officer's Opinion:</u></p> <p>_____ Chief Medical Officer's Name</p> <p>_____ Signature:</p> <p>Date :</p>		
<p>Witness in case Proposer is Illiterate :</p> <p>Name : Date :</p> <p>Address : Address:</p>		