

If 'Yes' is ticked for any of questions (a) to (j) above, please give full details, including dates and the duration, names and addresses of doctors consulted.

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|---|-----|----|
| 3. Are you having, or have you ever had, any tablets, injection, inhalers, special diet or any other medication or treatment (other than for minor ailments)? | Yes | No |
| 4. Have you ever consulted a psychiatrist, or received medical counselling in respect of anxiety, stress, depression or any similar condition? | Yes | No |
| 5. Have you ever been a patient at a hospital or nursing home? | Yes | No |
| 6. Is there anything about your lifestyle which could expose you to the risk of AIDS, an AIDS related condition, Hepatitis B or Hepatitis C? | Yes | No |
| 7. Have you ever had: (a) an x-ray? | Yes | No |
| (b) a surgical operation? If so, please give reasons and results. | Yes | No |
| 8. Have you ever been examined for life assurance, critical illness or permanent health insurance? If 'Yes', please answer below when, with what result and with which companies? | Yes | No |
| 9. Have any of your close relatives ever suffered from diabetes, heart disease, raised blood pressure or mental disorder? | Yes | No |

If 'Yes' is ticked to any of questions 3-9 above, please give full details, including dates, duration and the names and addresses of doctors consulted.

10. What is your daily consumption of:

(a) alcohol

(b) tobacco?

Have these always been the same?

Yes

No

If not, please advise previous daily consumptions.

(If you have given up recently - please advise date(s)).



18. Chest girth (a) On inspiration cm (b) On expiration cm

19. Abdominal girth cm

	Any Abnormality?	
	Yes	No
20. Please examine the life assured and report on the following:		
(a) EARS, PHARYNX, LYMPH NODES, SKIN*, SCARS, THYROID. <i>*Please comment specifically on any unusual skin lesions, moles or blemishes.</i>	Yes	No
(b) CARDIOVASCULAR SYSTEM, in particular the nature and rhythm of the pulse, whether the ankle pulses are present, any left or right ventricular enlargement, the intensity, site and timing of any murmur, any displacement of the apex beat.	Yes	No
(c) RESPIRATORY SYSTEM, including peak flow rate.	Yes	No
(d) NERVOUS SYSTEM, including knee and ankle jerks, visual acuity and hearing.	Yes	No
(e) ABDOMEN AND HERNIAL ORIFICES, specifically any abnormal tenderness, enlargement of liver or spleen or any other palpable abnormality.	Yes	No
(f) GENITO-URINARY SYSTEM (please record urinalysis result in question 21).	Yes	No
(g) MUSCULO-SKELETAL, please evaluate spinal movements and report any disability due to arthritis or similar conditions.	Yes	No

If 'Yes' is ticked for (a) to (g) above, please give clinical details.

20. Blood pressure	First reading	Second reading	Further readings on another day*
Systolic			
Diastolic (4th Phase)			
Diastolic (5th Phase).			
PULSE RATE			

* Required if the blood pressure readings on the first day are persistently outside the limit referred to above (please specify date).

21. Urinalysis

Albumin

Sugar

Any other abnormality

If a small amount of albumin is discovered and no other evidence of renal disease is found, an early morning specimen should be examined. The result of each test should be recorded separately.

22. For female life to be assured only	Yes	No
(a) Has there been any apparent abnormality in the uterine functions?	Yes	No
(b) Has she had any confinements or miscarriages? (If 'Yes' please state number below)	Yes	No
(c) Has her health been affected?	Yes	No
(d) Is she now pregnant?	Yes	No
(e) Are the breasts normal? (Please note any abnormalities below)	Yes	No



If 'Yes' is ticked for (a) to (e) above, please give clinical details.

23. General remarks

If you wish to expand upon the information given in the main sections of this report, particularly if any abnormality has been found, or you have found it necessary to ask further questions of the life assured, please continue on a separate sheet of paper. Please indicate whether you have arranged any additional investigations, contacted the life assured's GP, or asked the life assured to consult his/her GP.

24. If we have requested an additional blood test, please confirm that this has been done and Yes No
the kit has been sent to the laboratory.

Signature of medical examiner

Name in block capitals

Qualifications

Date

D	D	M	M	Y	Y	Y	Y
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Please complete the box below in respect of your fee for the examination. PLEASE WRITE CLEARLY, as this slip will be used for posting your cheque. Failure to complete this section will result in payment being delayed.

FOR H.O. USE ONLY

Life assured:

Account No:

Fee:

← Cheque to be payable to

← Address to send cheque to
(Please include postcode)

	Postcode



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Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

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