

Medical Examiner's Report



खुलेर जिओ

सानिमा रिलायन्स लाइफ इन्स्योरेन्स लिमिटेड

नयाँ बानेश्वर, काठमाडौं, नेपाल
९७७-१-४७९५२४, २९७०४००

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	Full Name	Age Nearer Birthday
Proposer		
Proposed Child		

Medical Examination Report for Adult Proposer

1. (a) Last consultation with the physician?
 (b) Reason for consultation:
 (c) Prescribed treatment (if any)?

2. BUILD

Height (without Shoes)	Weight (in thin clothes)	Chest (at expiration)	Chest (at deep inspiration)	Abdomen (at Umbilicus)

3. EYES AND EARS

Is there any disease of the Eyes or Ears?
 If yes, please state: [] Unilateral [] Bilateral

4. NERVOUS SYSTEM

Is there any suspicion of mental or neurological disorder?.....
 If yes, please give details

5. DIGESTIVE ORGANS

- a. Do palpation and percussion suggest any pathological changes of the abdomen or is there tenderness or pressure over the epigastrium? If yes, please give details.....
 b. Is there evidence of enlargement of the liver and/or spleen?
 If yes, please give details.....
 c. Is there hernia?
 If yes, please give details

d. Condition of teeth? [] Good [] Fair [] Poor

6. Is there any abnormalities of following?

- a. Abdominal organ:
 b. Endocrine system:
 c. Musculoskeletal system (includes spine, joints, amputations, deformalities):

7. CIRCULATORY SYSTEM

- a. In which intercostal space in 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:
 (i) at rest: (ii) after exercise:
 f. Blood pressure (Please record 3 readings):

	Reading 1	Reading 2	Reading 3
Systolic			
Diastolic (5th Phase)			

- g. Is there a heart murmur? If so, please describe below:

Location	Timing	Transmission	Is murmur	Effect of Exercise
Apical Area	Systolic	Neck	Constant	Increased
Aortic Area	Diastolic	Axilla	In Constant	Decreased
Pulmonic Area	Presystolic	Scapula	Absent	Unchanged

8. AIDS

Has the proposer ever been counseled or medically advised in connection with AIDS or had an AIDS blood test? If yes, please give detail:

9. SKIN AND BONES

- a. Is there any evidence of skin disease?
 b. Is there any evidence of disease of the bones or joints?.....

10. 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:

11. MODE OF LIVING :

Is the applicant's occupation or mode of living likely to be detrimental to his health? If yes, please provide details:

12. GENITO-URINARY ORGANS

- a. Urinalysis (the urine should be passed in the clinic of the Medical Examiner):

Specific Gravity	Sugar	Albumin

Note: Urinalysis Reading is as per attached Urinalysis Report.

- b. Is there any suspension of the sexual organs (Prostate Gland), testes, epididymis?
 c. Is hydrocele present?.....

13. Have you now under observation or taking treatment or medication of any disease or disorder? If yes, give details:

14. Have you been advised to have any diagnostic test, hospitalization or surgery and which was not completed?

15. Do you have any family history of tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide? If yes, give details

16. Do you know or suspect anything adverse about the applicant's health character, mentality, habits or morals not otherwise covered above? [] Yes [] No

17. For female applicant only:

- a. Is there any disease of the breast?
 b. Is there any evidence of pregnancy?
 c. Do you suspect any disease of uterus, cervix or ovaries?

Medical Examiner's Signature and Stamp:

Please provide the required details (if any) for any questions asked above:

Q.No.	Details

Medical Examination Report for Child

- | <p>1. Does child's appearance indicate good health and normal mental and physical development?</p> <p>2. Child's present exact:
Height: Weight:</p> <p>3. Is the child deaf, dumb, blind, maimed or deformed in any way?</p> <p>4. Do you find evidence of disease of the respiratory organs, heart or blood vessels?</p> <p>5. Do you find evidence of disease of the stomach or abdominal organs?</p> <p>6. CIRCULATORY SYSTEM</p> <p>a. In which intercostal space in the apex beat palpable?.....</p> <p>b. Is there evidence of cardiac enlargement or displacement?.....</p> <p>c. Is there evidence of dyspnoea cyanosis or oedema?.....</p> <p>d. Pulse rate per minute:</p> <p>e. Is the Pulse regular? If not, state irregularities per minute
(i) at rest: (ii) after exercise:</p> <p>7. a. Urinalysis (If child have attended age 5):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Specific Gravity</th> <th style="width: 33%;">Sugar</th> <th style="width: 33%;">Albumin</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Note: Urinalysis Reading is as per attached Urinalysis Report.</p> <p>b. Are you satisfied that specimen is authentic?.....</p> | Specific Gravity | Sugar | Albumin | | | | <p>8. Has anyone in Child's home had any contagious disease, in the past three months? If yes, give details:</p> <p>9. Has child any deformity, lameness, loss of limb, rupture, impairment of sight or speech or hearing? If yes, give details:</p> <p>10. Has child ever has any illness, accident or operation or is any operation contemplated? If yes, give details with name and address of attending physician:</p> <p>11. Does the child intent to seek medical advice, treatment or have any medical tests? If yes, give details:</p> <p>12. AIDS (Acquired Immune Deficiency Syndrome):
Has the child proposed for insurance:
(i) received medical advise or treatment, in connection with AIDS or AIDS related condition or a sexually trasmitted disease?</p> <p>(ii) had or been done he or she had AIDS or AIDS related complex?</p> <p>(iii) had or been told he or she has a positive blood test for antibodies to the AIDS virus (Human Immunie Defecency Virus)?</p> <p>(iv) any of the following which are unexplained - Fatigue, Weight Loss, Diarrhoea, Enlarged lymphnodes or Unusual Skin Lesions?</p> <p>13. Do you know or suspect anything adverse about the applicant's health character, mentality, habits or morals not otherwise covered above? [] Yes [] No</p> <p>.....</p> <p>.....</p> |
|---|------------------|---------|---------|--|--|--|---|
| Specific Gravity | Sugar | Albumin | | | | | |
| | | | | | | | |

If answer is 'Yes' for any of the above questions, please provide details:

Q.No.	Details

Other remarks, (if any):

.....

I hereby declare that I have asked the questions stated on the face of this report form and have answered the foregoing questions to the best of my knowledge and belief.

Medical Examiner's Signature:

Name:

Address:

Qualification: [] MBBS [] MD [] Other

NMC No. / Seal: **Hospital Name and Seal:**

Date:

Signature of the proposer:

ID no. verified by Medical Examiner: **Name or Left Thumb Print of Proposed Child**

(to be signed in the presence of the Medical Examiner in the language as signed in Proposal Form)

Only if applicant is illiterate

.....
Name and Signature of Witness by Agent

.....
Date and Address