

MEDICAL EXAMINATION REPORT

NAME: _____ APPLICATION NUMBER: _____

ADDRESS: _____ EXAMINED BY: _____

DATE OF BIRTH: _____

Are you personally acquainted with the applicant? Yes No
 If so, for how long and what has been the general state of health during that time?

Section A: QUESTION TO BE *PUT* BY THE MEDICAL EXAMINER

FAMILY HISTORY

	LIVING			DEAD	
1	<i>Age</i>	<i>State of health If not good, state reason</i>	<i>Year</i>	<i>Age</i>	<i>Cause</i>
FATHER					
MOTHER					
BROTHERS					
SISTERS					

2. Is there any family history of diabetes, heart disease, stroke, high blood pressure or nervous disorder, or are there any other hereditary disorders? If so please give details: Yes No

3. (a) Have you been previously medically examined for Life, Critical Illness or Permanent Health Insurance? If so, when and with what results? Yes No

(c) Have you ever undergone a private medical screening, eg. BUPA? If so, when and with what results? Yes No

4. (a) Have you ever had a positive test for HIV/Aids or are you awaiting the results of a test?

Yes	No
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(b) Have you ever been tested for other sexually transmitted diseases or Hepatitis B or C?
If (a) or (b) is YES, please give details:

YES	NO
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5. Are you now in good health? If NO, please give details:

Yes	No
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6. Are you aware of predisposition to any complaint, however trivial? If YES, please give details:

Yes	No
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7. (a) Are you currently, or have you recently been, taking any medicines, pills or drugs?
If so, what and how much?

Yes	No
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(b) Have you ever taken drugs rather than proprietary drugs or those prescribed by a doctor? If Yes, please give further details:

Yes	No
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8	Have you ever had or been suspected of having any of the following: If any answer is YES, please give full details.	Names & details of illness/condition	Dates and duration	Time off work	Doctor or hospital attended
(a)	bronchitis, asthma, pneumonia or pleurisy, tuberculosis or any other affection of the lungs? YES____NO_____				
(b)	rheumatism, gout, backache, disc or any muscular, bony, or other joint problems? YES____NO_____				
(c)	fainting, palpitation, undue shortness of breath, chest pain, rheumatic fever, raised blood pressure or other affection of the heart or circulatory system? YES____NO_____				

(d) persistent or recurrent indigestion, gastric or duodenal ulcer, gallstones or any disease of the stomach, bowels or liver? YES _____ NO _____				
(e) any affection of the kidneys or bladder (or prostate in males)? YES _____ NO _____				
(f) diabetes or any abnormality of the urine, eg sugar, albumin or blood? YES _____ NO _____				
(g) varicose veins, piles or hernia? YES _____ NO _____				
(h) any condition of the eyes or vision (not wholly corrected with spectacles)? YES _____ NO _____				
(i) any condition of the ears, hearing or balance? YES _____ NO _____				
(j) any surgical operation? YES _____ NO _____				
(k) have you ever suffered from psoriasis, eczema, dermatitis, 'lumps', 'bumps', moles or anything else involving your skin? YES _____ NO _____				
(l) depression, insomnia, exhaustion, alcoholism, anxiety state or nervous breakdown, fits, blackouts, giddiness or migraine, or other nervous or mental disorder? YES _____ NO _____				
9. Have you ever undergone:	Dates	Reason and result		
(a) any type of X-ray examination? YES _____ NO _____				
(b) Electrocardiography? YES _____ NO _____				

(c) Laboratory test or other special investigation YES____NO____		
10.	If either answer is NO, give full details	
(a) Are your habits sober and temperate? YES____NO____		
(b) Have you always been so? YES____NO____		
(c) Do you take wine, beer, or spirits? YES____NO____	<p>If YES,</p> <p>(i) how much do you drink per week? Beer____(pints) Wine____(glasses) Spirits____(singles)</p> <p>If NO,</p> <p>(ii) for how long have you been a total abstainer? _____(years) _____(months)</p> <p>(iii) If you previously drank alcohol, how much did you drink per week? Beer____(pints) Wine____(glasses) Spirits____(singles)</p> <p>(iv) Were you advised to stop drinking for medical reasons? YES____NO____</p>	
(d) Do you smoke? YES____NO____	<p>If YES,</p> <p>(i) how much do you smoke per day? Cigarettes _____ Cigars _____ Pipe____(oz)____(grammes)</p> <p>If NO,</p> <p>(ii) for how long have you been a non smoker? _____years _____months</p> <p>(iii) Were you advised to stop smoking on medical grounds?</p> <p>(iv) YES____NO____</p>	

DECLARATION

I hereby declare that to the best of my knowledge and belief all the answers in Section A are true and complete, and that they shall be held to form part of the application now being made on my.

Witness to signature (Medical Examiner)

Signature of Applicant		Date:
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Section B: QUESTION TO BE ANSWERED BY THE MEDICAL EXAMINER

11. APPEARANCE

(a) What is the general appearance and configuration of the Applicant?

(b) Does the appearance correspond with the age stated?	YES	NO
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(c) Are there any personal peculiarities, defects or scars? If YES, please give details:	YES	NO
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12. Measurements

(a) Height (without shoes)

ft _____ in or _____ m

(b) Weight (in indoor clothes) by actual weighing

st. _____ lb or _____ kg

(c) Circumference of chest

Full inspiration _____ in or _____ m

Full expiration _____ in or _____ m

(d) Circumference of abdomen

Over umbilicus _____ in or _____ m

(e) Has there been any recent gain or loss in weight?

If so, please comment

YES	NO
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(f) Is the weight well distributed?

YES	NO
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13. HEART AND CONDITION OF CIRCULATORY SYSTEM

Note: if the applicant has had rheumatic fever, special attention should be given to the condition of the heart and the result stated.

(a) Heart sounds (if murmur, please describe)

(b) Situation of apex beat?

(c) Is the heart enlarged? If so, slight? moderate? marked?

(d) Pulse (if over 90, please recount at end of examination):

Rate _____ Quality and rhythm _____

(d) State of blood vessels:

(f) Present condition of any varicose veins (state if a support is or should be worn):

(g) Blood pressure (reading to nearest 5mmHg):

(If the first reading exceeds 140/90 or is otherwise abnormal, further readings should be taken after a short interval all being noted)

1 Systolic		Diastolic		DIASTOLIC to be at 5 th Phase (ie cessation)
2 Systolic		Diastolic		

3 Systolic Diastolic Of sound

(h) Ankle pulses:

(i) Retinoscopy:

14. LUNGS

(a) Is the chest well-developed and does it expand well and equally?

(b) Are the lungs normal to percussion and auscultation?

(c) Please measure the peak flow rate:

15. DIGESTIVE ORGANS

(a) Is there any abnormality of the teeth, gums, tongue, or throat?

(b) Is any abnormality of the abdomen apparent on palpation?

(d) Is there a hernia? If so, to what degree?

(Note: if there is a history of alcohol criticism, the size and consistency of the liver should be noted)

16. NERVOUS SYSTEMS AND ORGANS OF SPECIAL SENSE

(a) Is there any reason to suspect the existence of, or a tendency to, any disease of the Brain or nervous system?

(b) Is there any abnormality of the pupil reflexes or knee-jerks?

(c) Is there any impairment of vision of either eye not fully corrected by glasses?

(d) Is there present any affection of the ears or any hearing defect? (If so, what is the present state of the eardrum and extent of hearing defect?)

(e) Is any lesion of the skin or subcutaneous tissue present?

17. MUSCULO-SKELETAL SYSTEM

(a) Is there full spinal flexion?

YES

NO

(b) Is there any pain on spinal movement?

YES

NO

(c) Is there any bony abnormality or impairment of joint function?

YES

NO

18. URINARY AND GENERATIVE ORGANS *(internal examinations are not required as a routine)*

Is there any indication of (a) Males: scrotal or other abnormality?

(b) Females: pregnancy or any abnormality of reproductive organs? (add number of previous pregnancies and date of last delivery)

19. **URINE**

(a) Is there any protein, sugar, or blood?

Amount: Protein _____ Sugar _____ Blood _____

(b) Is there any other abnormality?

NB: If protein is present please test a further specimen taken on rising and if still positive send a specimen to Your local laboratory for microscopical and chemical analysis.

20. **HABITS AND OCCUPATION**

(a) Is there any reason to suspect that the applicant is, or has been, intemperate or addicted to the use of drugs?

(b) Is there anything to suggest that the applicant is at risk of infection by the AIDS virus?

(c) Do you consider there to be any features which may affect ability to carry out occupation?

21. **OTHER CIRCUMSTANCES**

Are there any other points on which you consider it desirable to obtain further information from the Medical Attendant or other doctor who has been consulted?

22. **SPECIAL POINTS**

Please add any other remarks which, in your opinion, may be of assistance in the final assessment of the risk.

Medical examiner's name and qualifications (**BLOCK CAPITALS**)

Medical examiner's SIGNATURE