

LIC INTERNATIONAL BSC ©BRANCH OFFICE-DUBAI

JUVENILE FMR

ZONE: _____ DIVISION: _____ BRANCH: _____

PROPOSAL NO: _____ AGENT/D.O CODE: _____

INTRODUCED BY:(NAME) _____ SIGNATURE: _____

NAME OF THE CHILD (MASTER/MISS): _____

MARK OF IDENTIFICATION :MOLE/SCAR/ANY OTHER (SPECIFY LOCATION) _____

CURRENT ID PROVIDED	STUDENT	PASSPORT	LATEST SCHOOL REPORT CARD	OTHERS (SPECIFY)
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AGE OF THE CHILD: _____ YEARS _____ MONTHS SEX: _____ MALE / FEMALE _____

BIRTH HISTORY : FTND / FORCEPS / CEASAREAN / OTHER (PLEASE TICK THE RELEVANT) _____

A. DEATILES OF PHYSICAL EXAMINATION

FOR ALL CHILDREN:

HEIGHT OF THE CHILD: _____ CMS WEIGHT OF THE CHILD: _____ KGS
 PULSE AND CHARACTER _____ BLOOD PRESSURE _____ MM OF HG
 PRESENCE OF ANY CONGENITAL DEFECTS OR ABNORMALITIES: YES/NO : _____
 (IF YES. PLEASE PROVIDE DEATILES)

FOR CHILDREN BELOW 2 YEARS:

HEAD CIRCUMFERENCE _____ CMS CHEST CIRCUMFERENCE _____ CMS

B. MEDICAL HISTORY:

1) Is the proposed insured presently in good health?	YES ___ / NO ___
2) Does the proposed insured have any physical and mental handicap or deformity ?	YES ___ / NO ___ If yes provide details:
3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and /or has undergone any general check up in the last five years?	YES ___ / NO ___ If yes provide details of the tests conducted and treatment if any:
4) Has the proposer insured ever been treated or hospitalized for any Heart ailment/Cancer/Kidney disorder/Epilepsy/Mental disorder/ Diabetes/Musculoskeletal disorder/Blood disorder/Respiratory disorder like Bronchitis or Asthma/Congenital or Hereditary disorder?	YES ___ / NO ___ If yes provide details:
5) Is the child's behavior / appearance / mental ability in line with his current age?	YES ___ / NO ___ If yes provide details:
6) If school going , has proposed insured taken any sick leave from school in the last two years?	YES ___ / NO ___ If yes provide details:
7) Please give details of proposed insured family history: Is any family member/s either suffering or have suffered or have died from heart disease,thallassaemia,cancer,kidney disease, any other hereditary/familial disorders:	Father : Mother: Sibling 1: Sibling 2:

C. Immunization History : (Mandatory for ages < and equal to 5 years)

VACCINATION FOR:

1. OPV:	YES/NO	2. DPT:	YES/NO
3. BCG:	YES/NO	4. Hepatitis B:	YES/NO
5. Mumps, Measles, Rubella:	YES/NO	6. Typhoid (above 1yr.):	YES/NO
7. Hepatitis (above 1yr.):	YES/NO		

D. MEDICAL EXAMINATIONDo you find any evidence of abnormality, disease or surgery of: If yes please elaborate:

1. The respiratory system?	YES	NO	
2. The central and peripheral nervous system?	YES	NO	
3. The genito urinary system?	YES	NO	
4. The abdominal organs?	YES	NO	
5. The head, face, mouth, throat, eyes, ears, nose and neck?	YES	NO	
6. The skin, muscles, bones and joints?	YES	NO	

7. The Cardiovascular system:

a) Are the peripheral pulse normal?	YES	NO	
b) Is there any evidence of heart enlargement?	YES	NO	
c) Are there murmurs or abnormal heart sound?	YES	NO	
d) Do you suspect any abnormality of the cardiovascular system?	YES	NO	

Declaration by the parent accompanying the child:

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the Parent: _____ Name of the Parent: _____

Doctor's Declaration:

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination : Clinic _____ Examinees Residence: _____
- I declare that examinee has signed/affixed his/her thumb impression in my presence.

Dated at : _____ on the _____ day of _____ 201 at _____ am / pm

Signature/Thumb impression of the examinee _____

Signature of the Medical Examiner _____

Name & Address: _____

Qualification: _____

Code: _____

Limit: _____

CONFIDENTIAL COMMENTS FROM DOCTOR:

Are there any points on which you suggest further information be obtained? _____ Yes / No _____

- For Physical investigations
- For mental level assessments