



LIC
INTERNATIONAL

شركة التأمين على الحياة (العالمية) ش.م.ب (مفصلة)
Life Insurance Corporation (International) S.S.C(c)
I. C. R. No.72

F. NO: LIC-03-001

BRANCH NO:

PROPOSAL / POLICY NO:

MEDICAL DIARY NO. / PAGE NO. :

MEDICAL EXAMINER'S CONFIDENTIAL REPORT

		CASE NO:	MM/YY:				
1	FULL NAME OF THE LIFE ASSURED:						
2	AGE:	SEX:	IDENTIFICATION MARKS:				
3	HEIGHT (Without Shoes) :	CM.	WEIGHT (In thin clothes) :	KG.	GIRTH OF ABDOMEN (Over Naval) :	CM.	
	CHEST (OVER NIPPLE) :	CM.	FULL EXPIRATION :	CM.	FULL INSPIRATION :	CM.	
	PULSE RATE	BLOOD PRESSURE		SYSTOLIC	DIASTOLIC		
	P. M.	1st READING					
		2st READING					
IF ANSWER/S TO ANY OF THE FOLLOWING QUESTION IS "YES", PLEASE GIVE FULL DETAILS AND ASK LIFE ASSURED TO SUBMIT RELEVANT DOCUMENTS WITH PROPOSAL FORM							
4	ASCERTAIN FROM THE L.A WHETHER AT ANYTIME IN THE PAST HE/SHE-						
	A	WAS HOSPITALIZED					
	B	WAS OPERATED					
	C	MET WITH ACCIDENT					
	D	HAS UNDERGONE ANY BIO-CHEMICAL, RADIOLOGICAL, CARDIOLOGICAL/OTHER TEST					
E	IS CURRENTLY UNDER ANY TREATMENT						
5	IS THERE ANY ABNORMALITY OBSERVED ON EXAMINATION OF EYES (PARTIAL/TOTAL) BLINDNESS, EARS (DEAFNESS), NOSE, THROAT, OR MOUTH OR ANY PHYSICAL IMPAIRMENT						
6	IS THERE ANY EXTERNALLY VISIBLE SWELLING OF LYMPH GLANDS, JOINTS OR OTHER ORGANS						
7	ARE THERE ANY SYMPTOMS AND/OR SIGNS SUGGESTIVE OF ABNORMALITY OF						
	A	CARDIOVASCULAR SYSTEM					
	B	RESPIRATORY SYSTEM					
	C	CENTRAL OF PERIPHERAL NERVOUS SYSTEM					
D	ABDOMEN OR PELVIS						

8	IS THERE EVIDENCE OF ENLARGEMENT OF LIVER OR SPLEEN?		
9	IS HERNIA PRESENT?		
10	IS THERE ANY EVIDENCE OF OPERATION, IF SO STATE:-		
	A	DATE OF OPERATION	
	B	NATURE & CAUSE	
	C	LOCATION, SIZE & CONDITION SO FAR	
11	IS THERE ANY EVIDENCE OF INJURY DUE TO ACCIDENT OR OTHERWISE:-		
	A	DATE OF INJURY	
	B	NATURE OF INJURY	
	C	DEGREE OF IMPAIRMENT	
12	ARE THERE ANY OTHER ADVERSRSSE FEATURES IN HABIT OR HEALTH, PAST OR PRESENT, WHICH YOU CONSIDER RELEVANT, IF SO GIVE DETAILS:-		
	FOR FEMALE ONLY:-		
	A	IS THERE ANY DISEASE OF BREASTS	
	B	DO YOU SUSPECT ANY DISEASE OF UTERUS, CERVIX OR OVARIES	
13	C	IS THERE ANY EVIDENCE OF PREGNANCY, IF SO GIVE DURATION	
	14	ON EXAMINATION WHETHER HE / SHE APPEARS HEALTHY	

I hereby certify that I have, this day, examined the above life assured personally, in private and recorded in my own hand (i) the true and correct findings. (ii) the answer to Question No. 4, as ascertained from the person examined.

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent.

Dated at On the Day of 20 atam/pm

Signature of the life to be assured

Signature of the Medical Examiner

Introduced by
Name & Address

Designation

Signature

Medical Examiner's Name and Address