



Reg. No. : 1004/063/064, PAN : 302744730,
 Estd. under company Act : 2063 & Insurance Act : 2049
 Corporate Office : Thapathali, Kathmandu

MEDICAL EXAMINER'S REPORT

Branch :

Proposal No. :

This report is strictly Confidential Statement and the Medical Examiner is requested to forward it direct to the Company and not to communicate its contents to the applicant or to other unauthorized person.

1. Full Name of the Life to be assured :
2. Age at next Birthday :
3. Has the propose/life to be assured over been attended by you. If so, please state :
 - a. Name of illness
 - b. Duration of illness
 - c. Whether any special report/examination was conducted and any adverse finding revealed
4. **GENERAL APPEARANCE:**
 - a. Does the proposer/life to be assured appearance correspond to the age stated ?
 - b. Is there any deformity, any abnormal spinal curvature, any abnormality of growth, any mutilation or scar of operation? If so, give particulars
 - c. Have you any reason to suspect intemperance in the consumption of alcohol, cigarettes or the use of narcotics ?
5. **BUILD :**

a. Height without shoes	d. Weight in thin clothes
b. Chest at expiration	e. Abdominal girth
c. Chest at deep inspiration	f. Has weight recently increased/decreased
6. **CIRCULATION SYSTEM :**
 - a. In which intercostals space is 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 ?
 - f. Blood Pressure Systolic : (1) (2) (3)
 (Please record 3 readings) Diastolic : (1) (2) (3)
 - g. Is there a heart murmur ? If so, please describe below.

I. Location :	Apical area	()	Aortic Area	()	Pulmonic Area	()
II. Timing :	Systolic	()	Diastolic	()	Presystolic	()
III. Transmission :	Neck	()	Axilla	()	Scapula	()
IV. Is murmur :	Constant	()	In Constant	()	Absent	()
V. Effect of exercise :	Increased	()	Decreased	()	Unchanged	()
7. **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
8. **DIGESTIVE ORGANS :**
 - a. Do palpation and percussion suggest any pathological changes of the abdomen or is there tenderness or pressure over the epigastrium ? If so, please give details
 - b. Is there evidence of enlargement of the liver and/ or spleen ?
 - c. Is there hernia ?
 - d. Condition of teeth ? Good () Fair () Poor ()

9. **GENITO - UNINARY ORGANS :**

- a. Urinalysis : Albumin Sugar
(the urine should be passed in the clinic of the Medical Examiner)
- b. Is there any suspension of the sexual organs (Prostate Gland), testes, epididymis ?
- c. Is hydrocele present ?

10. **EYES AND EARS :**

Is there any disease of the Eyes or Ears ? If so, please describe and indicate whether uni-or bilateral

11. **NERVOUS SYSTEM :**

Is there any suspicion of mental or neurological disorder ?

12. **SKIN AND BONES :**

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

13. **MODE OF LIVING :**

Is the proposer/life to be assured occupation or mode of living likely to be detrimental to his health ?

14. **AIDS :**

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

15. **For female lives 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 ?

16. Other remarks, if any,

I hereby declare that I have today examined the Proposer and have answered the foregoing questions to the best of my knowledge and belief.

Dated at Medical Examiner's Signature

Name Address

Qualification NMC No.

.....
Signature of the Proposer

.....
Signature of the life to be Assured

.....
Witness by Agent
(if proposer/life assured illiterate)

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

(स्वास्थ्य परिक्षकको अगाडि प्रस्ताव फारममा भरेको भाषामा दस्तखत गर्ने)

Chief Medical Officer's Opinion.....
.....
.....

Signature:

Date: