Form No.6

RASTRIYA BEEMA SANSTHAN

MEDICAL EXAMINER'S REPORT

This report is a strictly confidential statement and the Medical Examiner is asked to forward it direct to the company and not to communicate its contents to the applicant or to any other unauthorized person.

Name of life to assured

1. **Do you know the proposer? If so, since when?**
2. **Has the proposer ever been attended to you? If so, when and why?**
3. **General Appearance**

(a) Does the proposer's 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?	

4. **Build**

(a) Height by measuring	
(b) Weight by weighing	
(c) Abdominal girth	
(d) Chest at deep inspiration	
(e) Chest at forced expiration	

5. **Circulatory System**

(a) In which intercostal space is the apex beat palpable?	
(b) Is there evidence of cardiac enlargement or displacement?	
(c) Is there evidence of dyspnea, cyanosis or oedema?	
(d) Pulse rate per minute,	
(e) Is the Pulse regular?	
If not, state irregularities per minute	
(f) Blood Pressure	
(Please record 3 readings)	At rest ____ After exercise ____
(g) Is there a heart murmur? If so, please describe.	
(i) Location	Systolic ____ ____ ____
(ii) Timing	Diastolic ____ ____ ____
(iii) Transmission	Apical area ____ Aortic area ____ Plutonic area ____
(iv) Murmur	Systolic ____ Diastolic ____ Presystolic ____
(v) Effect of exercise	Neck ____ Axilla ____ Scapula ____
	Constant ____ Inconstant ____
	Increased ____ Absent ____ Decreased ____
	Unchanged ____

6. **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.	

7. Digestive Organs

(a) Do palpation and percussions suggest any pathological change 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 any hernia? (d) Condition of teeth?	Good Fair Poor

8. Genito urinary Organs

(a) Urinalysis (the urine should be passed in the presence of the medical examiner) (b) Is there any suspicion of disease of the sexual Organs (testes, epididymitis and prostate gland)?	Albumin Sugar

9. Eyes and Ears

Is there any disease of the eyes or ears? If so, please describe and indicate whether uni or ilateral.	

10. Nervous System

Is there any suspicion of mental or neurological disorder?	

11. Skin and Bones

(a) Is there any evidence of skin disease? (b) Is there any evidence of disease of the bones or joints?	

12. Mode of Living

Is the proposer's occupation or mode of living likely to be detrimental to his health?	

13. Female Only

(a) Have you ever had any disease of the breast, cervix uteri, uterus, ovaries including breast lump, ovarian cyst, and carcinoma in situ, fibroid, polyp, abnormal menstrual bleeding or post coital bleeding? (b) Have you ever had complications at child birth such as gestational diabetes, gestational hypertension, miscarriage, still birth, ectopic pregnancy? (c) Are you now pregnant? If so, please provide gestational period and expected delivery date?	

14. Special Remarks (Please state your reasons)

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

Signature of Medical Examiner …….
Name and Address along with Stamp …….
Qualification and NMC No. ……
Date: …….

Signature of the Proposer ……