BAJAJ Allianz

Bajaj Allianz General Insurance Company Limited

MEDICAL EXAMINATION REPORT FOR HEALTH INSURANCE

PART 1: PERSONAL HISTORY

Please ask the following question to the person to be assured before carrying out your examination.

Full Name ______________________________

Occupation ______________________________

Date of Birth D D M M Y Y Y Y   Married / Single

1. Are you presently in good health and entirely free from any mental or physical imparements or deformities. Yes ☐ No ☐
   If not, please give details; ______________________________

   For females: Are you now pregnant? Yes ☐ No ☐
   If so, in which month? ______________

2. Have you gained or lost weight in the past 12 months Yes ☐ No ☐
   If so, please give details: ______________________________

3. During the last 5 years have you been medically examined, received medical advice or treatment or been in hospital? Yes ☐ No ☐
   If so, please give particulars including details of any X rays, ECGs, blood tests or other special test performed. ______________________________

4. Is any surgical procedure contemplated? Yes ☐ No ☐
   If so, please give details: ______________________________

5. Have you ever suffered from any of the following:
   If so, please give full particulars in the space provided or on a seperate sheet:

   a. epilepsy, fainting attacks or any disorder of the mental or nervous system ? Yes ☐ No ☐
   b. asthma, bronchitis, pleurisy, pneumonia, tuberculosis or any lung complaint ? Yes ☐ No ☐
   c. chest pain, high blood pressure, palpitations, shortness of breath, stroke or any heart or circulatory trouble ? Yes ☐ No ☐
   d. indigestion, gastric or duodenal ulcer, chronic or recurrent diarrhoea or any complaint of the stomach and bowls? Yes ☐ No ☐
   e. diabetes or any disorder of the kidneys, liver, bladder, or urinary systems? Yes ☐ No ☐
   f. rheumatic fever, arthritis, gout or any bone or joint disease? Yes ☐ No ☐

g. enlarged glands or any form of cancer, tumour or joint disease? Yes ☐ No ☐

h. unexplained recurrent or persistent fever, weight loss or any skin disorder of the blood. Yes ☐ No ☐

i. any sexually transmitted disease(such as syphilis or gonorrhoea) or ever sought medical advice, treatment or a blood test in connection with the viral disease(such as hepatitis B/ C or AIDS) ? Yes ☐ No ☐

j. any disease or disorder of the eyes, ears, nose, throat, or mouth? Yes ☐ No ☐

k. any illness, injury, or disability not mentioned above? Yes ☐ No ☐

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6. Are you presently taking medication of any kind? Yes ☐ No ☐

Have you ever received treatment with any blood products or undergone a blood transfusion
Please give details, as appropriate: ______________________________ Yes ☐ No ☐

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7. Please complete the following family history schedule:

	Age if living	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother(s)				
Sister(s)				

8. What is your daily consumption of
Alcohol (please state whether beer, wine or spirits):
Tobacco (please state whether cigarettes, tobacco paste): ______________________________

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9. Have you ever taken drugs other than those prescribed by a doctor?
If so, please give details. ______________________________

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I confirm that all of the above answers and statements are true and no material facts concerning my past and present state of health and habits have been withheld or omitted. I also agree that any doctor, whether named above or not, who has attended or examined me or who may do so hereafter shall be and is hereby authorized and directed by me to disclose to the company any information he may have acquired with regard to myself.

Date: ____________________

______________________________ Signature of person to be assured

______________________________ Signature of medical examiner

Medical Examination Report

PART II: MEDICAL EXAMINER'S FINDING AND ASSESSMENT

Please answer each question and where appropriate provide particulars. You are asked not to give the person to be assured any information about the results of your examination.

1. In which way have you satisfied yourself of the identity of the person examined.? (✔ whichever is appropriate)
   Driver license ☐ Pass port ☐ Pan card ☐ Any Other ☐ Please specify ....
2. Do you know the person to be assured.? Yes ☐ No ☐
3. Have you previously examined advised or treated the person to be assured.? Yes ☐ No ☐
4. Is there anything unfavourable in the appearance or development of the person to be assured? Yes ☐ No ☐
5. Is there any reason to suspect intemperate habits? Yes ☐ No ☐
   - Height: in cm ______________________________
   - Weight in Kg ______________________________
   - Chest measurement in cm (insp./ exp): ______________________________
   - Girth of abdomen at umbilicus (cm): ______________________________
6. Do you consider the musculo- skeletal system to be healthy? Yes ☐ No ☐
7. Do you consider the skin and mucous membrane to be healthy? Yes ☐ No ☐
8. Do you consider the respiratory system to be healthy? Yes ☐ No ☐
9. Do you consider the teeth, tongue, mouth and throat to be healthy? Yes ☐ No ☐
10. Is there evidence of cardiac hypertrophy? Yes ☐ No ☐
    - Are the heart sounds normal? Yes ☐ No ☐
    - Are there any murmurs? Yes ☐ No ☐
    - If so, please describe them in detail, including site, timing, intensity and transmission. Also indicate the effect of posture or respiration. ______________________________

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11. What is the blood pressure in mmHg (Systolic/ Diastolic)? Please note the diastolic level is to be taken at cessation of all sounds

    BP reading : ______________________________

    Please provide the further readings at 10 minute interval if the first reading exceeds 140/90.

    1. ______________ 2. ______________
12. What is the pulse rate? ______________________________
    - Is the pulse normal in character? Yes ☐ No ☐
    - Are any arteriosclerotic evident or to be presumed? Yes ☐ No ☐
    - Are the foot pulses palpable? Yes ☐ No ☐

13. Are there any varicose veins or ulcers? Yes ☐ No ☐

14. Is there any abnormality of the abdomen, liver or spleen on inspection, palpation or percussion? Yes ☐ No ☐

15. Do you consider the digestive system to be healthy? Yes ☐ No ☐

16. Urinanalysis
The urine should be passed during the medical examination. If not, please state circumstances:

- Albumin
- Sugar
- Other Positive / Abnormal findings (please specify)
- Please attach a copy of the report of Unine Analysis

17. Do you consider the urinary and genital organs to be healthy Yes ☐ No ☐

18. For females:
If pregnant, are any complications expected? Yes ☐ No ☐

19. Are there any other abnormal findings not indicated above (eg. Glandular swellings)? Yes ☐ No ☐

20. Are you aware of every thing about the person to be assured's lifestyle which may increase the risk of any HIV infection. Yes ☐ No ☐

21. Is there any further evidence, medical or otherwise, which you think should be obtained in order to assess the person to be assured's suitability for health insurance ? Yes ☐ No ☐

22. Based on your physical examination and the disclosed medical and family history please indicate how you would classify the person to be assured's suitability for health insurance

- First Class (i.e lives with present no adverse circumstances) ☐
- Second class (i.e.lives where adverse circumstances are as such as to require small additional premium) ☐
- Third class (i.e lives where adverse circumstances are as such as to require considerable increase in the ordinary premium) ☐
- Fourth class (i.e. lives where adverse circumstances are so serious that declinature is recommended) ☐

Signature Of the Medical Examiner: ______________________________ Seal : ______________________________

Name : ___________________________________ Qualification : ________________________

Date:___________________