

PrimeLife Insurance

Estd Under Company Act. 2063 and Insurance Act. 2049

Branch:

MEDICAL EXAMINER'S REPORT

Prop. 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	a) Full Name of the Life to be assured. b) Age nearer Birthday.		
2	Has the proposer/life to be assured ever been attended by you. If so, Please state: a) The Nature of illness b) Duration of illness. c) Whether any special report / examination has conducted and any adverse finding revealed.		
3	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 ?		
4	BUILD a) Height without shoes b) Chest at expiration c) Chest at deep inspiration	a) c) e)	b) Weight in thin clothes d) Abdominal girth f) Has weight recently increased/ decreased
5	CIRCULATORY 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 dysponea cyanosis or oedema ? d) Pulse rate per minute e) Is the Pulse regular ? If not, state irregularities per minute at rest after exercise f) Blood Pressure Systolic (1) (2) (3) (Please record 3 readings) Diastolic (5 th Phase) (1) (2) (3) g) Is there a heart murmur ? If so, please describe below. i) Location: apical area { } Arotic Area { } Pulmonic Area { } ii) Timing: systolic { } diastolic { } Presystolic { } iii) Transmission: neck { } axilla { } scapula { } iv) Is murmur: { } constant { } Inconstant { } absent v) Effect of exercise: { } Increased { } 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.		

Prime Life Insurance Co. Ltd.

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7	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 ?	a) b) c) d) 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 suspension of the sexual organs (Prostate Gland), testes, epididymis ? c) Is hydrocele present ?	a) Albumin : Sugar b) c)
9	EYES AND EARS Is there any disease of the Eyes or Ears ? If so, please describe and indicate whether uni-or bilateral.	
10	NERVOUS SYSTEM Is there any suspicion of mental or neurological disorder ?	
11	SKIN AND BONES a) Is any evidence of skin disease ? b) Is there any evidence of disease of the bones or joints ?	a) b)
12	MODE OF LIVING Is the proposer/life to be assured occupation or mode of living likely to be detrimental to his health ?	
13	AIDS Has the proposer ever been counseled or Medically advised in connection with AIDS or had an AIDS blood test ? If so please give details, date and results.	
14	For female lives only a) Is there any disease of the breasts ? b) Is there any evidence of pregnancy ? c) Do you suspect any disease of uterus, cervix or ovaries ?	a) b) c)
15	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 this day of 20

Medical Examiner's Signature Qualification and NMC No. Address

..... Signature of
the Proposer / life to be assured

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

स्वास्थ्य परिक्षकको अगाडि प्रस्ताव फाराममा भरेको भाषामा दस्तखत गर्नुहोस् ।

मिति	साक्षी (यदि प्रस्तावक वा बीमा चाहने व्यक्ति निरक्षर भएमा)	जीवन बीमा प्रस्तावकको दस्तखत (यदि बीमा प्रस्तावक र बीमा चाहने व्यक्ति फरक भएमा)	जीवन बीमा चाहने व्यक्तिको नाम/दस्तखत
ठेगाना			