



Insurance Company Limited

HEAD OFFICE: No. 9/1&2 Saxel Avenue, Tesano, Opposite Tesano Police Station, Accra
P. O. Box AT 1975 Achimota Market, Accra, Ghana
TEL.: (233-302) 245737/249601 Fax. 0302-250343

MEDICAL ATTENDANT'S REPORT

Name of Applicant:.....

1. How long have you known the Proposer?.....
2. When did you last see him/her professionally?.....
3. Please state from past records or from your personal knowledge details of all illnesses, accidents, surgical operations or diseases from which the Applicant has suffered. (We would be grateful for the loan of any reports on Specialists' investigations. They will be returned to you promptly).

Date	Nature of Incapacity	Duration
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4. Is he/she to the best of Your knowledge sober and temperate in habits?.....
5. Have you recorded the Blood Pressure? (Please state Readings and dates).....
6. Have you examined the urine? (Please give findings and dates).....

PRIVATE & CONFIDENTIAL

- 7. Are you aware of any additional facts that would assist us in assessing the risk of assurance on his/her life?.....

- 8. Any additional report or comments.....

- 9. From your knowledge on his/her health which of the following classes would you place him/her as a risk for LIFE ASSURANCE?.....

FIRST CLASS (Insurable at normal premium)

SECOND CLASS (Insurance on special terms)

THIRD CLASS (Uninsurable)

1. NAME OF MEDICAL ATTENDANT.....

2. SIGNATURE.....

3. MEDICAL QUALIFICATION.....

ADDRESS AND STAMP.....