



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 EXAMINER'S REPORT

1. FULL NAME		2. AGE NEXT BIRTHDAY		3. MARITAL STATUS			
4. RESIDENCE			5. OCCUPATION How Long? Is change Likely?				
			IF LIVING		IF DEAD		
6. Have you ever had or been told you had		YES/NO	7. FAMILY RECORD	Age	Health	Age	Cause of Death
a) Fits, Nervous Breakdown, Overwork or any nervous or mental disorder, Anemia			Father				
b) Blood-spitting, Pleurisy, Tuberculosis or any Lung Disorder?			Mother				
c) Ulcer, intestinal or biliary disease, or any other abdominal Disorder?			Brothers How many?				
d) Kidney stone, colic, bladder trouble or any other Genito-urinary disorder?			Sisters How many?				
e) Rheumatism, heart disease, goiter, apoplexy or high Blood pressure, Sickle Cell disease? Yes/ No			8. Has any member of your family ever had				
f) Albumen, blood or sugar in the urine?			a) Any heart Ailment?				
g) Varicose veins, hernia, deformity, injury or any other ailment?			b) Nervous or mental disease				
h) Yaws, leprosy, syphilis or malaria?			c) Tuberculosis?				
i) An x-ray or other special investigation?							

IF ANY QUESTION IS ANSWERED, "YES GIVE FULL DETAILS

Disease or Injury	Date	Duration	Results	Name of Doctor or Hospital

9. In the case of a female			10. Have you ever resided in any mining area in West Africa? If so, where, and for how long?	
a) Are you pregnant?				
b) Have you any children?.....				
c) How many children?				
d) If married, how long?				
e) Any female disease?				

I declare that the foregoing answers are true, that I have not withheld any important circumstance, and I agree that this declaration shall be held to form part of the proposal for life insurance now made to UT Life Insurance Company Limited

Date

Signature of proposer:

Witness:

***THE MEDICAL EXAMINER SHOULD SEE THE LIFE PROPOSED SIGN THIS FORM BEFORE PROCEEDING WITH THE EXAMINATION AND MAKING HIS REPORT OVERLEAF.**

The result of this examination must not be disclosed to the life concerned

<p>1. Height (exact)?</p> <p>Weight (exact)?</p>	<p>m cm</p> <p>Kg g</p>	<p>2. Chest at nipple line</p> <p>Full inspiration</p> <p>Complete expiration</p> <p>Abdominal girth (at umbilicus)</p>	<p>cm</p>
<p>3. State of Heart?</p> <p>Rate and State of Pulse</p> <p>Blood Pressure? (When the Systolic Blood Pressure Exceeds 145mm, or the Diastolic exceeds 90mm. Fresh reading should be taken in the reclining position After resting for 5 minutes in this position)</p>		<p>Systolic Diastolic</p> <p>Systolic Diastolic</p> <p>(2nd reading- if required)</p>	
<p>4. State of Lung?</p>			
<p>5. Nervous System.</p> <p>Are the pupils equal?</p> <p>Do they react both to light and accommodation?</p> <p>Are the knee jerks normal, absent, or exaggerated?</p>			
<p>6. State of (a) teeth, digestive organs?</p>		<p>(a)</p>	<p>(b)</p>
<p>7. Where there is or has been infection of the ears,</p> <p>(a) What is the condition of the drums?</p> <p>(b) Is there any discharge?</p>		<p>(a)</p> <p>(b)</p>	
<p>8. Genito-Urinary System: -</p> <p>Specific gravity of urine?</p> <p>Does it contain (a) albumen, (b) Sugar?</p>		<p>(a)</p>	<p>(b)</p>
<p>9. What is the build and general appearance?</p> <p>Are there any signs of past or present intemance?</p> <p>Is there any evidence or suspicion of venereal disease? past or present?</p>			
<p>10. Apart from the foregoing is there any other condition or circumstance calling for remark?</p>			
<p>11. From examination and general observation do you think he seems likely to live as long as any other person of his age, and do you recommend his life to be accepted?</p> <p>(a) If so, whether at ordinary rate</p> <p>(b) If not, what additions to the age do you advise?</p>		<p>(a)</p> <p>(b)</p>	
<p>12. Additional Remarks</p>			

.....
Name of Physician

.....
Address

.....
Signature and Medical qualifications

.....
Date