



Medical examination form.

Life insured details.

Application number

Last name

First name(s)

Date of birth (DD/MM/YYYY):

Email address

Phone number

Address

Introduction.

Are you acquainted with the examinee?

Professionally: Yes No

For how long?

Personally: Yes No

For how long?

Is there anything unusual in their appearance, development or behaviour? Yes No

If yes, please provide details

Is there any indication of past or present abuse of alcohol or misuse of drugs? Yes No

If yes, please provide details

Measurements.

Please provide the following measurements. Measurements must be actual wherever possible.

Height (without shoes) cm ft ins

Weight (clothed) kg lbs

Chest expiration (next to skin) cm ins

Chest inspiration cm ins

Abdomen at umbilicus (next to skin) cm ins

If chest expansion is less than 5cm please comment as to apparent cause or provide peak flow meter reading(s) if available

Urine examination (dipstix)

Note - Please take mid stream urine and comment if examinee is positive for any of the following

Albumin

Glucose

Blood



Medical examination form.

Respiratory system.

Is there any abnormality of the respiratory system to palpation, percussion or auscultation? Yes No

If yes, please provide details

Is there any sign of past or present respiratory disease? Yes No

If yes, please provide details

Circulatory system.

What is the rate and character of the pulse?

Pulse rate

Character

Is there any evidence of cardiac enlargement? Yes No

If yes, please provide details

Is there any abnormality in the heart sounds or rhythm? Yes No

If yes, please provide details

Is there any murmur present? Yes No

If yes, please provide details

What is the blood pressure (auscultatory method)? The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the diastolic is above 85 or below 60, two further readings at 5 and 10 minute intervals are required. The recumbent position should be used where possible.

/ (mm Hg) / (mm Hg) / (mm Hg)

Is there any abnormality of the peripheral arterial or venous circulation? Yes No

If yes, please provide details

In your opinion, is there any abnormality of the heart or vascular system? Yes No

If yes, please provide details



Medical examination form.

Circulatory system (cont).

Is the examinee now on treatment for hypertension or hypercholesterolaemia? Yes No

If yes, please provide details

Pre-treatment level including dates (if known)

Duration of treatment?

Nature of treatment?

Digestive and lymphatic systems.

Is there any abnormality of the tongue, mouth or throat? Yes No

If yes, please provide details

Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? Yes No

If yes, please provide details

Is there any abnormality of the lymph nodes in the neck, axillae or inguinal regions? Yes No

If yes, please provide details

Is a hernia present? Yes No

If yes, please provide details

Nervous system.

Is there any defect or abnormality of the eyes? Yes No

If yes, please provide details



Medical examination form.

Nervous system (cont).

Is there any defect in hearing or speech? Yes No

If yes, please provide details (in cases of present or past ear discharge or deafness, state result of auriscopic examination)

Is there any evidence of mental abnormality? Yes No

If yes, please provide details

Is there any evidence of disorder of the central or peripheral nervous system? Yes No

If yes, please provide details

Musculoskeletal system and skin.

Is there any abnormality of the form or function of:

The joints? Yes No

If yes, please provide details

The muscle or connective tissues? Yes No

If yes, please provide details

The back or neck including the cervical and lumbar spine? Yes No

If yes, please provide details

Is there any evidence of any disorder/disease of the skin? Yes No

If yes, please provide details



Medical examination form.

Summary.

Do you consider any medical attendant's reports or any special tests are required? Yes No

(No special tests are to be carried out in connection with the proposal for insurance without the company's authority.)

If yes, please provide details

Do you consider the examinee is likely to require any surgical operation or future medical treatment? Yes No

If yes, please provide details

Comment fully on any conditions or concerns (either physical or mental) which could either reduce life expectancy or cause temporary or permanent disablement:

In the personal or medical history

Disclosed by your medical examination

Have you omitted any information from this report at the request of the examinee/patient? Yes No

Declaration.

I declare that the statements made are true and complete to the best of my knowledge and belief.

Name of medical practitioner

Signature

Date (DD/MM/YYYY):

Privacy.

This form collects personal information that will be used to assess the life insured's application for insurance. The way we collect, use, disclose and store personal information is set out in our privacy statement, available at fidelitylife.co.nz.

Please forward the results of this examination, along with the invoice for charges to::

@ newbusiness@fidelitylife.co.nz ☎ 09 303 5732 ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please contact us on 0800 88 22 88.