

**Life Insurance Corporation of India**  
**Division**

**ELECTROCARDIOGRAM**

**Instruction to the Cardiologist:**

1. Please satisfy yourself about the identity of the examinee to guard against impersonation.
2. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance.
3. General Instructions : The base line must be steady. Standardisation slip must be included. The tracing must be pasted on a folder. Each lead should contain 3 complexes. If the pulse rate is high give him some rest before recording rest ECG. A note of the ECG should be made in the Medical Diary.
4. Rest ECG : Record usual 12 leads.
5. Additional leads : I) if leads III, and VF show a deep Q or T wave change record. Additionally, the same leads in deep inspiration. ii) If lead V1 shows a tall R wave, record additionally leads V4 R.
6. Both rest and Exercise ECGs (Simultaneously): When both Rest and Exercise ECGs are called for record Rest ECG as per instructions at 4 and 5 above. For purpose of exercise ECG, Record leads V4, V5, V6, I, II, III, aVL, aVF, V1, V2 and V3 immediately after exercise.  
Proper Double Standard Two-Step exercise should be given to the examinee so as to raise the heart rate to 100 pm or more but in no case less than 20 to 30 beats over the resting rate.

Divisional Office ..... Dev. Officer's Name .....

Branch Office ..... Agent's Name ..... Pro/pol No.....

Full name of the Examinee .....

Age ..... Years. Introduced by ..... His/her /Signature .....

**Personal Statement of the Life to be Assured.**

Note: The Medical examiner is requested to explain the following questions to the examinee and request him to write down the answer in his own handwriting in the presence of the medical examiner

Answer 'Yes' or 'No'

1. Have you ever had pain in chest High or Low Blood pressure palpitation. Breathlessness or Dizziness at rest or an exertion or any disease of cardio-Vascular system or diabetes or any disease of kidney?
2. Have you ever had an ECG, X-ray of chest, Blood, Sugar or Blood Cholesterol or Any other test? If so give details.

3. Are you now in good health generally maintain good health?

I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and that they are true and complete in every particulars and no information has been withheld.

Dated at ..... On ..... Day of .....200 .

Medical Examiner

Signature or thumb impression of the Life Assured before Medical Examiner.

**REPORT ON ELECTROCARDIOGRAM AT REST\* / AFTER EXERCISE\***  
(\*delete whatever is not applicable)

<b>Position</b>	<b>:</b>	<b>P Wave</b>
<b>Standardisation</b>	<b>: 1 mv-</b>	<b>PR Interval</b>
<b>Auricular Rate</b>	<b>:</b>	<b>QRS Complexes:</b>
<b>Ventricular Rate</b>	<b>:</b>	<b>Q-T Duration :</b>
<b>Rhythm</b>	<b>:</b>	<b>S-T Segment :</b>
<b>Mechanism</b>	<b>:</b>	<b>T Waves :</b>
<b>Voltage</b>	<b>:</b>	<b>Q Waves :</b>
<b>Electrical Axis</b>	<b>:</b>	<b>Extra Systoles Type</b>

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**Height in cms** ..... **Weight in kg**.....

**BP at rest** ..... **Pulse Rate at Rest** .....

**Clinical findings of Heart condition :**

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**Conclusion :**

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**Dated at** ..... **On the** ..... **day of** .....**200** .

**Signature of the Medical Examiner**

**Qualifications** .....

**Examiner's No.**.....

**Name & Address**.....