



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

F.No. LIC03 -001

Branch No.

Proposal/Policy No.

Medical Diary

No./Page No.

(Established by the Life Insurance Corporation Act, 1956)

MEDICAL EXAMINER'S CONFIDENTIAL REPORT

1.	<u>Full Name of the Life to be examined</u>			Case No.	Month
				Year	
2.	<u>Age:</u>	<u>Sex:</u>	<u>Identification marks:</u>		
3.	<u>Introducer's name & designation</u>			<u>Introducer's signature:</u>	
4.	<u>Height (cms) :</u>	<u>Weight (kgs):</u>	<u>Girth of abdomen (cms) (over navel)</u>		
	<u>Chest (cms) (over nipple):</u>	<u>Full Expiration (cms):</u>	<u>Full inspiration (cms):</u>		
	<u>Pulse Rate p.m.</u>	<u>Blood Pressure</u>	<u>Systolic</u>	<u>Diastolic</u>	
		1 st reading			
		2 nd reading			

If answer/s to any of the following questions is 'Yes', please give full details and ask L.A. to submit relevant documents with proposal form.

5.	Ascertain from the L.A. whether at any time in the past he/she –				
	(a)	was hospitalised.			
	(b)	was operated.			
	(c)	met with accident			
	(d)	has undergone any bio-chemical, radiological, Cardiological or other test.			
	(e)	is currently under any treatment.			
6.	Is there any abnormality observed on examination of Eyes (partial/total blindness), Ears (deafness), Nose, Throat or Mouth or any physical impairment.				
7.	Is there any externally visible swelling of lymph glands, joints or other organs				
8.	Are there any symptoms and/or signs suggestive of abnormality of -				
	(a)	Cardiovascular system			
	(b)	Respiratory system			
	(c)	central or peripheral nervous system			
	(d)	Abdomen or pelvis			
9.	Is there evidence of enlargement of liver or spleen?				
10.	Is hernia present.				
11.	Is there any evidence of operation, if so state –				
	(a)	Date of operation			
	(b)	nature & cause			
	(c)	Location, size & condition of scar			

	(d)	degree of impairment	
<u>12.</u>	Is there any evidence of injury due to accident or otherwise –		
	(a)	Date of injury	
	(b)	Nature of injury	
	(c)	Degree of impairment	
	(d)	Duration of unconsciousness, if any.	
<u>13.</u>	Are there any other adverse features in habit or health, past or present, which you consider relevant, if so give details		
<u>14.</u>	For female only –		
	(a)	Is there any disease of breasts	
	(b)	Do you suspect any disease of uterus, cervix or ovaries	
	(c)	Is there any evidence of pregnancy, if so give duration.	
<u>15.</u>	On examination whether he/she appears healthy.		

I hereby certify that I have, this day, examined the above life to be assured personally, in private, and recorded in my own hand (i) the true and correct findings (ii) the answers to Question No.5 as ascertained from the person examined.

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent or the Development Officer.

Dated at on the day of 200 at a.m./p.m.

Signature of the L.A.

Signature of the Medical Examiner
 Name & Address
 Qualification
 Code:
 Limit