



सुन नेपाल
लाइफ इन्स्योरेन्स कं. लि.

FN. : 11

Company Act 2063 (Regd. No 1030/064/65), PAN No : 606140821, Insurer Regd No : 13/074
Corporate Office : Kamaladi, Kathmandu, P.O.Box : 577

Medical Examiner's Report of Life to be Assured

This report is strictly confidential Statement and the Medical Examiner is requested to forward it directly to the Company and not to communicate its contains to the applicants or to other unauthorized person.

1.	a. Full name				
	b. Present age				
2.	Has the Person ever been attended by You ? If so, Please state.				
	a. The nature of illness	a.			
	b. Duration of illness	b.			
	c. Whether any special report/examination has conducted and any adverse finding revealed ?	c.			
3.	GENERAL APPEARANCE				
	a. Does the Person appearance correspondence to the age stated?				
	b. Is there any deformity, any abnormal, spinal curvatures, any abnormality of growth, any mutilation or scar of operation? If so, Please state.				
	c. Have any reason to suspect intemperance in the consumption of alcohol, cigarettes or the use of narcotics?				
4.	BUILD				
	a. Height without shoes		e. Weight in thin clothes		
	b. Chest at deep inspiration		f. Abdominal girth		
	c. Chest at expiration		g. Has weight recently increased/decreased		
5.	CIRCULATORY SYSTEM				
	a. In which intercoastals space is the apex beat palpable?				
	b. Is there evidence of cardiac enlargement or displacement ?				
	c. Is there evidence of dyspnea cyanosis or oedema ?				
	d. Pulse rate per minute				
	e. Is the Pulse regular ?		e. If not, state irregularities per minute at rest.....after exercise.....		
	f. Blood Pressure (Please Record 3 readings)				
	Systolic	(1)	(2)	(3)	
	Diastolic (5th Phase)	(1)	(2)	(3)	
	g. Is there a heart murmur?.....		If so, please describe below.		
	i. Location:	Aortic Area	Aortic Area	Pumononic Area	
	ii. Timing:	systolic	diastolic	Presystolic	
	iii. Transmission:	neck	axilla	scapula	
	iv. Is murmur:		constant	Inconstant	absent
	v. Effect of exercise:		Increased	Decreased	unchanged
6.	Respiratory Organs				
	a. Is their result of percussion normal? If not, please give details.				
	b. Is the result of auscultation normal? If not, please give details.				
	c. Is there any evidence of disease of the respiratory organs? If so, please describe.				

7	DIGESTIVE ORGANS	
	a) Do palpation and percussion suggest any pathological changes of the abdomen or pressure over the epigastrium ? If so, Please give details.	
	b) Is there evidence of enlargement of the liver and or spleen ?	
	c) Is there hernia ?	
	d) Condition of teeth ?	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
8	GENITO-URINARY ORGANS	
	a) Urinalysis (the urine should be passed in the presence of the Medical Examiner)	Albumin <input type="checkbox"/> Sugar <input type="checkbox"/>
	b) Is there any suspension of the sexual organs (Prostate Gland), testes, epididymis ?	
	c) Is hydrocele present ?	
9	EYES AND EARS	
	Is there any disease of the Eyes or Ears ? If so, please describe and indicate whether uni-or bilateral.	
10	NERVOUS SYSTEM	
	Is there any suspicion of mental or neurological disorder ?	
11	SKIN AND BONES	
	a) Is any evidence of skin disease ?	
	b) Is there any evidence of disease of the bones or joints ?	
12	MODE OF LIVING	
	Is the persons occupation or mode of living likely to be detrimental to his health ?	
13	AIDS	
	Has the persons ever been counseled or Medically advised in connection with AIDS or had an AIDS blood test ? If so please give details, date and results.	
14	For female lives only	
	a) Is there any disease of the breasts ?	
	b) Is there any evidence of pregnancy ?	
	c) Do you suspect any disease of uterus, cervix or ovaries ?	
15	Doctor's Remarks	

I hereby declare that I have examined the Person and have answered the foregoing questions to the best of my knowledge and belief.

Doctor's Name Qualification NMC No

Address..... Date

.....
Doctor's Signature

.....
Signature of the life to be
assured

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