

Medical Examination (Confidential)



Report on physical examination of the applicant.

1 Personal details

Full name

Address

Date of birth

| | | |
|-----|-------|------|
| Day | Month | Year |
| / | / | / |

2 General

(a) Do you know the applicant?

 Yes No

If Yes, give details

(b) Have you ever attended the applicant?

 Yes No

If Yes, give details

(c) Is the applicant's build, appearance or behaviour unusual? (eg. skin rashes, pigmentation)

 Yes No

If Yes, give details

(d) Are there any signs of past or present over indulgence in tobacco or alcohol or the misuse of drugs?

 Yes No

If Yes, give details

3 Measurements (taken by doctor)

Height

 cms/feet/inches

Chest – Full inspiration

 inches/cms

Weight

 kgs/lbs

Full expiration

 inches/cms

Abdomen at umbilicus

 inches/cms

Has there been any recent variation in weight?

 Yes No

If Yes, please try to ascertain the cause

4 Respiratory system

(a) Is there any abnormality in the shape or expansion of the chest?

 Yes No

If Yes, give details

(b) Is there any abnormality in the percussion note or breath sounds?

 Yes No

If Yes, give details

(c) Are there any other signs of past or present disease?

 Yes No

If Yes, give details

5 Cardio-Vascular system

If YES, please describe as fully as possible, including the effect of exercise and posture, where applicable

(a) Is the pulse abnormal in the rhythm or character?

 Yes No

(b) Is the apex beat abnormal in site or character?

 Yes No

(c) Is the heart enlarged or hypertrophied?

 Yes No

Cardio-Vascular system (continued)

If Yes, please describe as fully as possible, including the effect of exercise and posture, where applicable

(d) Are there any abnormal heart sounds or murmurs?

Yes No

(e) Are there any signs of disease in the veins or arteries of the legs? (eg. varicosity, oedema)

Yes No

(f) Blood pressure. Please record the diastolic pressure at the cessation of all sound. If the first reading exceeds 135/85 please take two further readings after the applicant has been resting for 5 and 10 minutes.

| Systolic | Diastolic | Pulse rate |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

6 Digestive system

(a) Is there any palpable abnormality of the liver, spleen or other abdominal organs?

Yes No

(b) Is a hernia present?

Yes No

7 Genito-Urinary system

(a) Is there any genito-urinary abnormality? (eg. stricture, prostate)

Yes No

(b) Does the urine contain:

Albumin Yes No

Sugar Yes No

Other abnormality Yes No

The urine should be passed in the presence of the doctor. If not, please state circumstances.

FEMALE APPLICANTS ONLY

(c) Is the applicant pregnant? If Yes, please state expected date of delivery and provide details of any complications.

Yes No

(d) Is there any abnormality in the uterine functions or in the obstetric history?

Yes No

8 Nervous system and special senses

(a) Are the pupils unequal or do they react abnormally?

Yes No

Nervous system and special senses (continued)

- (b) Is there any disease of the eyes or abnormality of the fundi? Yes No
- (c) Are the tendon reflexes or plantar responses abnormal? Yes No
- (d) Is there any defect in the ears, hearing or speech? Yes No
- (e) Is there any other sign of disease of the nervous system? Yes No
- (f) Is there any evidence of disability of the joints? Please pay particular attention to the form and movement of the back. Yes No

9 Summary and comments

PLEASE INDICATE IF YOU CONSIDERED IT NECESSARY TO ADVISE THE APPLICANT OF ANY OF YOUR FINDINGS

- (a) Do you consider the application to be predisposed to any particular medical condition or likely to require surgery in the future? Yes No
- (b) Please comment fully on any unfavourable features in the personal or family medical history or disclosed by your medical examination.
- (c) Do you consider any reports or special tests are required? Yes No
- (d) Do you consider the applicant has normal prospects of longevity and good health for employment purposes? Yes No
- Name (in block letters)
- By whom was the applicant referred to you?
- Address
- Professional qualifications

10 Declaration

I, the applicant, hereby authorise the release of the information contained within this report to AIA New Zealand Limited, or any related companies. I also authorise AIA New Zealand Limited or any related company to disclose the information contained within this report to such persons or organisations necessary for the purposes of assessing, reinsuring, or enforcing my application for risk benefits.

Signature of applicant

Date

Signature of doctor

Date

The completed report should be sent to:
THE CHIEF UNDERWRITER, AIA Services New Zealand Limited
Private Bag 92499, Victoria Street West, Auckland 1142

Additional notes

Empty rectangular box for additional notes.

