

MEDICAL REPORT

FORM TO BE FILLED BY CONSULTING PHYSICIANS FOR PERSONS OF AGE 70 YEARS OR MORE

Name of insured: \_\_\_\_\_

Sex:  Male  Female

Height: \_\_\_\_\_ (cms) Weight: \_\_\_\_\_ (kgs)

Medical History:

a) Present complaints: \_\_\_\_\_

b) Present investigations done:

Reports enclosed:  Blood (Fasting/PP)  Urine  ECG  Chest X-Ray

c) Past history of diseases, operations, accidents, investigations with date: \_\_\_\_\_

d) Details of present and past medication with duration: \_\_\_\_\_

e) Is the disease or illness cured?: \_\_\_\_\_

General examination: \_\_\_\_\_ Systematic Examination: \_\_\_\_\_

Comments of consulting physician: \_\_\_\_\_

Is the insured fit to travel?  Yes  No

Name of the consulting physician: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Signature of the consulting physician & date: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of Insured/Proposer \_\_\_\_\_