



(कम्पनी ऐन, २०६३ र बीमा ऐन, २०४९ अन्तर्गत स्थापित)
रजिष्टर्ड कार्यालय – पुतलीसडक, काठमाडौं ।

Proposal No./Policy No

MEDICAL EXAMINATION REPORT

- This report is strictly confidential. Please DO NOT reveal the contents or hand over a copy of this report to anyone, except the personnel authorized by Mahalaxmi Life Insurance Limited. Only if the examinee is suffering from an acute or life threatening situation, you may disclose the results to the examinee.
- In case of female examinee, examination to be done in the presence of a female attendant, if examination is done by male doctor.

Name of life to be assured :

Date of birth : Gender: Marital Status Photo Identification Proof:

1.	Measurement and Vitals:	Height	(.....ftinches)	Weight (Kg.)
	Abdomen (inch)	Chest expiration (inch)	Chest inspiration (inch)	
Blood Pressure (mmHg): If the initial reading is more than 140/90mmHg or there is a history of hypertension , please take 3 readings at an interval of 5 min each.				
a. Systolic/Diastolic	b. Systolic/Diastolic	c. Systolic/Diaslotic		
Respiratory rate (per min)	Pulse rate (BPM)			
2. Are you the examinee's Personal Physician? If yes, since _____years If not, then mention the Name, Telephone No. & Address of the Personal Physician				
3. Details of last Consultation				
Name & Address of Doctor last consulted	Date of last consultation	Reason	Result	
If answers to any of the questions below are "YES" please provide details for each condition as follows: a) Question No., diagnosis and date of diagnosis; b) Duration of illness/injury and date of recovery; c) Is the examinee still under treatment ?; d) Nature of test/s done and results; e) Name and address of the treating doctor/hospital.				
4.	Whether the examinee: a) In the last 15 years has been hospitalised for any accident/ medical treatment (including blood transfusion) / surgery (including but not limited to minimally invasive surgery, endoscopic or laser surgery) - If yes, please give details: i) The year of operation ii) The nature of operation & diagnosis iii) Location of the scar, size & condition of the scar iv) Degree of impairment, if any b) In the last 5 years has undergone any of the following tests - please specify the date, reason and findings: i) Pathology tests (blood tests including HIV, HbsAg) ii) Radiological tests (e.g.: X rays, USG, CT scan, MRI, mammogram); iii) Cardiological tests (ECG, stress test, 2 D Echo) iv) Any other test	Yes /No Yes /No	Details as per above requirement	
5.	a) Is there any abnormality in the general appearance such as pallor, any skin disease, burn scars, etc? b) Is there any significant lymph node enlargement? c) Is there any congenital or acquired deformity? d) How is the build? Normal Thin Obese Muscular e) In last 1 year has there been any significant weight gain or weight loss?	Yes /No Yes /No Yes /No Yes /No		
6.	Mouth, ears, eyes and throat a) Are there any tobacco stains ? b) Is there any evidence of oral cancer or leukoplakia ? c) Is there any abnormalities of the throat, teeth, gums or tongue? d) Is there any abnormality of ears (e.g. discharge/perforation/impaired hearing) ? e) Is there any abnormality found on examination of eyes ?	Yes /No Yes /No Yes /No Yes /No Yes /No		
7.	Respiratory system a) Is there any abnormality of the chest wall? b) Are there any abnormalities in air entry & breathe sounds? c) Is there any history or evidence of abnormality of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, pneumonia, asthma, TB, etc?	Yes /No Yes /No Yes /No		
8.	Cardiovascular System : Is there any a) History of chest pain, palpitations, breathlessness, syncopal attacks? b) History of any peripheral vascular disorders? c) Abnormality in peripheral pulses? d) Abnormality in relation to heart size, position & heart sounds? (If a murmur is present, give the location, grade, conduction & probable diagnosis) e) Gallop, carotid bruit, raised JVP, ankle edema, etc? f) History of MI, CABG, open heart surgery, PTCA, stenting, valvular or congenital heart disease?	Yes /No Yes /No Yes /No Yes /No Yes /No Yes /No		

9.	Abdomen and Pelvis: Is there any a) Disease of liver, pancreas, gall bladder, stomach, intestines, prostate or any other organ in the abdomen/pelvis? b) Lump or tenderness or free fluid? c) History or evidence of piles & fistula? d) History of ulcerative colitis?	<input type="text"/>	<input type="text"/>												
10.	Nervous system a) Is the examinee suffering from or has any history of disease of the central or peripheral nervous system? b) Is the examinee suffering from or has a history of stroke? c) Is there any evidence or history of paralysis, seizures (focal or generalised), peripheral neuritis, fainting, frequent headaches, tremors, involuntary movements, wasting etc? d) Are deep tendon reflexes & pupillary reflexes normal? e) Is there any history of anxiety/stress/depression/any sleep disorder? f) Was the examinee treated for any psychiatric ailment? If yes, then give details about medication given and absenteeism from work, if any?	<input type="text"/>	<input type="text"/>												
11.	Genitourinary system a) Has the examinee suffered from or is suffering from any disease of the kidney/ ureters/ bladder? b) Is there any evidence of hernia, hydrocele or varicocele? c) Any abnormality in the location, size & consistency of testis?	<input type="text"/>	<input type="text"/>												
12.	Is there any evidence or history of endocrine disorder, thyroid dysfunction or enlargement?	<input type="text"/>	<input type="text"/>												
13.	Is the examinee currently on any medication?	<input type="text"/>	<input type="text"/>												
14.	a) Is the examinee suffering from Diabetes or Hypertension? If yes, mention the duration and medications b) Is there any evidence of end organ damage? (e.g. proteinuria, neuropathy, retinopathy, nephropathy, etc)	<input type="text"/>	<input type="text"/>												
15.	a) Is there any history or evidence of cancer, tumor, cyst or abnormal growth? b) Has the examinee suffered from significant enlargement of lymph glands?	<input type="text"/>	<input type="text"/>												
16.	Is there any history of anemia, haemophilia, thalassemia or any other blood disorders ?	<input type="text"/>	<input type="text"/>												
17.	Has the examinee ever had or been told of or been treated for pain or other problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability?	<input type="text"/>	<input type="text"/>												
18.	For female examinee only: a) Is the applicant pregnant? If yes, how many weeks? b) Any pregnancy related complications? c) Any history of miscarriage or MTP? d) Any adverse menstrual history? e) Do you suspect any disease related to the breast in history? (please do a physical examination only in case of suspicion) f) Do you suspect any disease of pelvic organs in history? g) Any history of gestational Hypertension/Diabetes? If yes, give details.	<input type="text"/>	<input type="text"/>												
19.	Has the examinee or his/her spouse received medical advice / counseling or treatment in connection with AIDS/HIV, sexually transmitted diseases or Hepatitis B or C	<input type="text"/>	<input type="text"/>												
20.	In your opinion, is there anything about the examinee's health or lifestyle or character, which might unfavorably affect insurability?	<input type="text"/>	<input type="text"/>												
21.	Habits & addictions: Does the examinee smoke / consume the following ?	<input type="text"/>	<input type="text"/>												
	<table border="1"> <thead> <tr> <th>Type</th> <th>Quantity (per day/ week/ month)</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>Cigarettes/beedis/cigar</td> <td></td> <td></td> </tr> <tr> <td>Gutkha/snuff/pan/ Narcotic consumption (e.g. - amphetamines, hallucinogens, opioids, sedatives, barbiturates, cannabis, cocaine, etc)</td> <td></td> <td></td> </tr> <tr> <td>Beer/Wine/hard liquor</td> <td></td> <td></td> </tr> </tbody> </table>	Type	Quantity (per day/ week/ month)	Duration	Cigarettes/beedis/cigar			Gutkha/snuff/pan/ Narcotic consumption (e.g. - amphetamines, hallucinogens, opioids, sedatives, barbiturates, cannabis, cocaine, etc)			Beer/Wine/hard liquor				
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22.	Has the examinee ever been treated for alcohol dependence, drug abuse etc.?	<input type="text"/>	<input type="text"/>												
Other remarks, if any															

Examinee's declaration: I declare that the answers to all of the above questions are true & that I have not withheld any material information. All the answers given by me to the medical examiner acting on behalf of Mahalaxmi Life Insurance Limited shall be deemed to be part of the statements & answers given in the proposal.

Doctor's declaration: I hereby declare that I have, this day, examined the above mentioned individual personally, in private & recorded the findings in my own hand. I declare that the examinee has signed/affixed his/her thumb impression in my presence and that I am not related to him/her or the agent.

Date.....

Place

Signature of the Medical Examiner :	Signature of the Proposed insured :
Name and address of the medical examiner along with stamp	(to be signed in front of medical examiner in the language as signed in proposal Form)
Qualification and NMC No.	स्वास्थ्य परिक्षकको अगाडि प्रस्ताव फारम भरेको भाषामा दस्तखत गर्ने