



Gurans Life Insurance Company Limited

P.O.Box: 19499, Shree Raj Bhawan, Tinkune, Kathmandu, Nepal
 Tel. 01-4465810 (Hunting Line), Fax 977-1-4465861
 Email:info@guranslife.com

MEDICAL EXAMINER'S REPORT

This Report is strictly confidential statement and the Medical Examiner is asked to forward it directly to the company and not to communicate its contents to the applicant or to any other unauthorized person.

1. Name and Address of Proposer ?		
2. Do you know the Proposer ? If so, since when ?		
3. GENERAL APPERANCE		
a) Does the Proposer's apperance correspond to the age stated ?		a)
b) Is there any deformity, any abnormal, spinal curvature any abnormality of growth, any mutilation or scar of operation ? If so, give particulars.		b)
c) Have you any reason to suspect in temperance in the consumption of alcohol, cigarettes or the use of narcotics & tobacco etc ?		c)
4. BUILD		
a) Height in shoes		b) Weight in indoor clothes
c) Chest at deep inspiration		d) Abdominal girth
e) Chest at forced expiration		f) Has weight recently increases/reduced
5. CIRCULATORY SYSTMET		
a) In which intercostal space is the apex best palpable ?		a)
b) Is there evidence of cardiac enlargement or displacement ?		b)
c) Is there evidence of dyspnoea, cyanisis of oedema ?		c)
d) Pulse rate per minute		d) If not, state irregularities per minute
Is the Pulse regular ?		at rest after exercise
e) Blood Pressure	Systolic	(1) (2) (3)
(Please record 3 readings)	Diastoli	(1) (2) (3)
	(5th Phase)	
f) Is there a heart murmur ? If so , please describe below.		
i) Location:	Apical area <input type="text"/>	Aortic Area <input type="text"/>
		Pulmonic Area <input type="text"/>
ii) Timing	Systolic <input type="text"/>	Diastolic <input type="text"/>
		Presystolic <input type="text"/>
iii) Transmission:	Neck <input type="text"/>	Axilla <input type="text"/>
		Scapula <input type="text"/>
iv) Is Murmur:	Constant <input type="text"/>	Inconstant <input type="text"/>
v) Effect of exercise:	Iscreased <input type="text"/>	Abesent <input type="text"/>
	Decreased <input type="text"/>	Unchanged <input type="text"/>
6. RESPIRATORY ORGANS		
a) Is the result of percussion normal ?		a)
If not, please give details.		
b) Is the result of auscultation normal ?		b)
If not, please give details.		
c) Is there any evidence of disease of the respiratory organs ?		c)
If so, Please describe.		

<p>7. DIGESTIVE ORGANS</p> <p>a) Do palpation and percussion suggest any pathological Changes of the abdominal or is there tenderness or pressure over the epigastrium ?</p> <p>b) Is there evidence of enlargement of the liver and/ or spleen ?</p> <p>c) Is there any hernia ?</p> <p>d) Condition of teeth ?</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d) Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p>
<p>8. GENITO-URINARY ORGANS</p> <p>a) Urinalysis (The urine should be passed in the presence of the medical Examiner) ?</p> <p>b) Is there any suspicion on diseases of the sexual organs (testes, epididymides, prostate glands) ?</p>	<p>a) Alburmin: Sugar:</p> <p>b)</p>
<p>9. EYES AND EARS</p> <p>Is there any disease of the Eyes or Ears ?</p> <p>If so, please describe and indicate whether uni-or bilateral.</p>	
<p>10. NERVOUS SYSTEM</p> <p>is there any supicious of mental or neurological disorder ?</p>	
<p>11. SKIN AND BONES</p> <p>a) Is any evidence of skin disease ?</p> <p>b) Is there any evidence of disease of the bones or joints ?</p>	<p>a)</p> <p>b)</p>
<p>12. MODE OF LIVING</p> <p>Is the proposer's occupation or mode of living likely to be detrimental to his health ?</p>	
<p>13. AIDS</p> <p>Has the proposer ever been counselled or Medically advised in connection with AIDS or had and AIDS blood test ? If so please give details, dates and results:</p>	
<p>14. SPECIAL REMARKS</p> <p>Please state your reason:</p>	

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

Date at this day of 20

Name of Medical Examiner Qualification

AddressSignature

Signature of the Proposer

(to be signed in the presence of the Medical Examiner)

स्वास्थ्य परिक्षकको अगाडि प्रस्ताव फाराममा भरेको भाषामा दस्तखत गर्नुहोस् ।

मिति :

ठेगाना :

साक्षी
(यदि प्रस्तावक वा बीमा चाहने
व्यक्ति निरक्षर भएमा)
नाम.....

जीवन बीमा प्रस्तावकको दस्तखत
(यदि बीमा प्रस्तावक र बीमा चाहने
व्यक्ति फरक भएमा)

जीवन बीमा चाहने
व्यक्तिको नाम र दस्तखत