



# Trust Islami Life Insurance Ltd.

72, Naya Paltan (5<sup>th</sup> Floor)  
VIP Road , Dhaka-1000.

Prop. No.  
Policy. No.  
Sum Assured:

## MEDICAL EXAMINATION REPORT

### PERSONAL STATEMENT OF THE PROPOSED ASSURED

<p>1. (a) Name of Life Proposed in Full: (In Block Letters) _____</p> <p>(b) Father's /Husband's Name: _____</p> <p>(c) Occupation: _____</p> <p>(d) Age nearest birthday: _____</p> <p>(e) Married/Single/Widower/Widow: _____</p> <p>(f) Address: _____</p>	<p>5. (a) Is there any hereditary disease such as Epilepsy, Insanity, Rheumatism, Heart Disease, Diabetes, Asthma, Cancer, Leprosy, High Blood Pressure or any other hereditary disease either on the paternal or the maternal side? _____</p> <p>(b) Do you live with a patient of infectious disease or lived during last five years? If so, give details: _____</p>
<p>2. (a) Are you in good health now? _____</p> <p>(b) Have you recently gained/lost weight? Loss/Gain.....lbs _____</p>	<p>Give below details of Surgical Operation, Accident or Disease, if any, stated under Question No. 3 and of any Disease not covered by other questions including date of treatment, name and address of attending physician/hospital/clinic. (If none, state NONE) :</p>
<p>3. (a) Did you suffer from any disease in the past or are you suffering from any disease now? _____</p> <p>(b) Had you been to any Hospital or Clinic for treatment? _____</p> <p>(c) Have you ever had an E.C.G. or X-Ray or any other Test for any kind of disease? _____</p>	
<p>4. (a) Are you in the habit of taking alcohol or any other intoxicating drugs? If so, how much a day? _____</p> <p>(b) Do you smoke cigarettes? If so, for how long and how many times a day? _____</p>	

6. FOR FEMALE :

(a) Are you pregnant now? If so, when do you expect confinement? \_\_\_\_\_

(b) How many children have you born? \_\_\_\_\_ (c) Were the childbirth normal? \_\_\_\_\_

(d) Have you suffered or do you suffer from any disease of the uterus or the breast?  
If so, give details: \_\_\_\_\_

(e) When was your last menstruation? \_\_\_\_\_

7. Give details of each member of your family:

### FAMILY HISTORY

Relation	If Living		If Dead		
	Age	State of Health	Age at Death	Cause of Death	Year of Death
Father					
Mother					
Brother					
Sister					
Wife/Husband					
Son					
Daughter					

### DECLARATION

I, the undersigned do hereby declare that all the answers to each of the above questions are true to the best of my knowledge and belief. I am perfectly in good health at present and I did not conceal any material fact/truth about past & present state of my health in my foregoing statement. I do hereby agree that all the declarations made by me above and all the information given by me on the proposal for life insurance shall be the basis of contract between me and Trust Islami Life Insurance Limited. I further declare that if any false statement be contained in the application for life insurance and the statement hereinabove, the proposed life insurance contract shall stand void and the premiums paid shall be forfeited by Trust Islami Life Insurance Limited.

I hereby authorize any hospital, physician, surgeon or any other person who has attended me or may attend in future to give Trust Islami Life Insurance Limited all knowledge and information regarding my physical and mental state of health.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

I do hereby certify that the above questions were put to the proponent and his/her answers were recorded by me and he/she signed in my presence.

\_\_\_\_\_  
Signature of the person whose life is proposed to be assured

\_\_\_\_\_  
Signature of the Medical Examiner

(N.B: The proposer/policyholder and the examining doctor have to sign with the same pen and ink.)

**REPORT OF THE MEDICAL EXAMINER**

1.	If the Proposer or Policyholder is not personally known to you by whom introduced? Are you satisfied about his/her identity?	
2.	Describe his/her identification marks.	
3.	(a) Is the age of the applicant by appearance in your opinion the same as stated by him/her?	
	(b) Is there any defect or deformity including eye-sight and hearing? If so, describe.	
	(c) Are there any Enlarged Glands, Tumors or any evidence of skin disease? If so, describe.	
4.	(a) Height _____ft. _____ ins. Weight _____ lbs. (b) Chest on full inspiration _____ ins. Chest on full expiration _____ ins. (c) Abdomen at Umbilical Level _____ ins.	5. FOR FEMALE: (a) Is the applicant pregnant? _____ (b) If pregnant, its duration? _____ (c) Is there any female disease? _____
6.	(a) Do you find the heart normal after careful examination? If there is any abnormality in the heart write clearly. (b) Is there any symptom of impaired cardiac efficiency including breathlessness and oedema? (c) Is there any indication of sclerosis in the arteries? (d) Please state rate and character of pulse (e) State blood pressure :	SYSTOLIC: _____ DIASTOLIC: _____
7.	(a) Are the stomach, intestines or other abdominal viscera healthy & normal? (b) Are the teeth, gums and tonsils healthy? (c) Is the liver or spleen enlarged?	
8.	(a) Is the chest well formed & all portions are normal? Does the chest expand or squeeze while breathing in and out? (b) Do you consider lungs healthy?	
9.	Urinalysis: (d) Is the urine clear in all respects? (e) Was the urine passed in your clinic?	(a) Specific Gravity: _____ (b) Sugar : _____ (c) Albumen: _____
10.	Do you think any other point not covered by above questions? If so, describe.	
11.	From physical examination and family history of the proposed assured do you consider a fair chance of longevity and do you consider him/her to be a first class life?	

I certify that I have carefully examined the person named on the reverse in private, and completed the form accordingly.

Examined at: \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Examiner: \_\_\_\_\_ Signature of Examiner: \_\_\_\_\_

Medical Degrees & Years: \_\_\_\_\_ Registration No. \_\_\_\_\_ Code No. \_\_\_\_\_

Present Address \_\_\_\_\_