

Allianz Insurance Company Lanka Limited

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CONFIDENTIAL REPORT OF MEDICAL EXAMINATION

Please complete in BLOCK CAPITALS and tick (✓) the appropriate boxes.
It is important that a complete answer be given to every question. If insufficient space is provided for your answers please continue on a separate sheet which should be signed and dated.

- 1. Is the person to be examined known to you personally or professionally? Yes No
- 2. 2.1 Is his general appearance healthy and physical development normal? Yes No
- 2.2 Is there any defect or deformity of persons-swellings of joints, enlargement of thyroid or lymphatic glands? Yes No
If yes, give details:.....
.....
- 2.3 Is there any evidence of filariasis or varicose veins? Yes No
- 2.4 Is there any evidence of skin disease? Yes No
If yes, give details:.....
- 3. 3.1 Has he / she has had any disease of the eye, ear or throat? Yes No
- 3.2 If the vision or hearing is affected, state to what extent?.....
- 4. Please state the condition of Heart:.....
- 5. Is there evidence of nervous disease such as headache, paralysis, epilepsy, wasting tremors, irregular movements etc. Yes No
- 6. 6.1 Is there any evidence of enlargement of the liver or spleen? Yes No
If yes, is it just within or much beyond the costal margin:.....
- 6.2 Is there evidence of anything abnormal in any part of the Abdomen or the digestive tract? Yes No
If yes, give details:.....
.....
- 7. 7.1 Is hernia present? Yes No
If yes, state its nature and whether a properly fittings truss is regularly worn:.....
.....
- 7.2 Is hydrocele present? Yes No
If yes, what stage and is it necessary to undergo surgical treatment:.....
.....

7.3 Is there any evidence of urinalysis infections? Yes No
If yes, give details:.....

8. Operations and other details:

8.1 Has he ever had any operation, accident or injury? Yes No
If yes, ascertain full details and state your observations with reference thereto, particularly the condition of the sear?.....
.....

8.2 Has he ever had an electrocardiogram or x'ray or fluoroscopic examination made or blood examined? Yes No
If yes, ascertain full details of the past ailment and state your observations with particular reference to those points:.....
.....

9. For Female Applicants

9.1 Does your examination show any abnormality in the menstrual functions? Yes No

9.2 Is there any evidence of pregnancy? Yes No

9.3 Has any weakness or injury resulted from childbearing or miscarriage? Yes No

10. Do you know or suspect the existence of any other disease or complaint which should be disclosed to the Company, but has not been seemingly called for in the above questions and is not mentioned by you in your answers thereto. Yes No
If yes, give details:.....
.....
.....

I hereby certify that I have this day examined the above life to be insured personal in private and have recorded in my own hand the true and correct findings. I declared that I am not related to the party.

.....
Doctor's Signature Date

Name and Address :.....
(In block letters)
.....
.....
.....

On the Life of Mr / Mrs / Miss :.....

Age :.....

Signature of Applicant :.....