



Confidential

MEDICAL REPORT

Ref. No.

Name of the candidate

1. (a) Is the general appearance of the candidate healthy ?

(b) Are there any physical defects or deformities ?

(c) Describe personal marks or peculiarities by which he/ she may be identified

2. Is there any evidence of skin disease, Vericoevains, filariasis, enlarged Joints, marked anaemie ?

3. Following examinations to be carried out :

(a) Weight and Height Weight Kgs. Height.....Cms.

(b) Condition of Eyes, Ears and Throat (Blindness, Deafness, Septic Tonsils etc.)

(c) Condition of Chest. Any tuber Culosis of lungs, bronchitis or asthma

1. Chest (Over nipples stripped) On complete expirationCms.

2. Abdomen (Over naval stripped) On full inspiration Cms.

(d) Condition of heart – any valvular Disease, enlargement any personal History of rheumatism, chest pain, Hypertension, coronary thrombosis.

(e) Pulse

(f) Blood Pressure to be recorded In all cases. Systolicmm. Hg. 5th phase Ciastolic mm.Hg. (disappearance of sound)

(g) Condition of digestive tract. any history of ulcer or stomach or duodenum. Any signs of its presence. Any enlargement of liver or spleen. Sp.Gravity Sugar Albumen Deposits

(h) Urine – to be examined in all cases for aalbumen and sugar

(i) In all cases examine for inguinal hernia and if present whether a well-fitting truss is regularly worn.

(j) Inquire into personal history of accident, injury, operation fainting fits, paralysis etc.

4. Is he/she, in your opinion, mentally and physically fit for appointment in the General Insurance Industry ?

5. To be filled in by female candidates only in the Presence of the Medical Examiner:

(a) Are you married?

(b) If so, please state

(i) Husband's name in full & Occupation

(ii) Are you pregnant?

(iii) State the number of children, If any, and their present age

I hereby certify that I have this day examined the above candidate personally, in private and have record in my own hand the true and correct findings. I declare that I am not related to the party. In our opinion, he/she is mentally and physically fit for appointment in United India Insurance Co. Ltd.

Dated this Day of2013

SIGNATURE OF THE MEDICAL EXAMINER

SIGNATURE OF THE CANDIDATE

PARTICULAR OF THE MEDICAL EXAMINER

Signature

Medical Examiner's Code No.
(Allocated by the LIC of India)
(Association's RMP. NO.)

Name in full and address
.....

Medical Degree Name of the University

Year in which the Degree obtained RMP.....