HISCOX SYNDICATES LIMITED

MEDICAL EXAMINATION REPORT

PERSONAL MEDICAL HISTORY - (Questions to be answered by Examinee)

1. *a.* Name
   b. Occupation
   c. Date of Birth

2. Have you suffered from, received medical advice, counselling, treatment (including the prescription of medication or tablets) or tests at any hospital or clinic in connection with:

	Yes	*No*	*If you have ticked a shaded box, give full details below*
a. Asthma, tuberculosis, pneumonia, pleurisy bronchitis or any lung, chest or respiratory disorder?	☐	☐	
b. High or low blood pressure, palpitations, shortness of breath or pain in the chest on exertion, or any heart disorder?	☐	☐	
c. Any stomach, kidney, bladder or bowel complaint?	☐	☐	
d. Diabetes, cancer or tumour or any type of thyroid complaint?	☐	☐	
e. Epilepsy, fits, dizziness, depression or any brain, nervous or mental disorder?	☐	☐	
f. Rheumatism, gout, arthritis, disorder of the back, slipped disc, recurrent backache, lumbago, sciatica or other disease of muscles, bones or joints?	☐	☐	
g. Any ear, eye or skin complaint?	☐	☐	
h. Any blood or glandular disorder?	☐	☐	
i. Liver disease, misuse of alcohol or drugs?	☐	☐	
j. Any other illness, injury, operation or medical investigation including x-ray or hospitalisation?	☐	☐	
k. Have you ever taken drugs for other than medical purposes?	☐	☐	
l. Are you seeking (or do you intend to seek) medical advice or counselling?	☐	☐	

3. Have you tested positive for HIV/AIDS or Heptatitis B or C, or have you been tested/ treated for othe sexually transmitted disease, or are you awaiting the outcome of such a test? ☐ ☐

		Yes	No	*If you have ticked a shaded box, give full details below*
4.	Have you any symptoms, physical defects or disabilities?	☐	☐	
5.	Are you on any medication?	☐	☐	
	Have you taken, or been prescribed, any medication or drugs in the past 2 years?	☐	☐	
6.	Have you ever been examined for life assurance or permanent health insurance?	☐	☐	
	If so, were you accepted at standard terms?	☐	☐	
	When?			
	Have you ever had a pre-employment or other medical examination?	☐	☐	
	If so, with what result?			
7.	What is your DAILY intake of:			
	Alcohol (no. of units)			
	Cigarettes			
	Has your average daily intake ever exceeded this level?	☐	☐	
	If so, state previous intake and when this was.			

8. Have your natural parents, brothers or sisters, whether living or dead suffered from diabetes, raised cholesterol, high blood pressure, heart disease, stroke, renal disease or cancer before the age of 60?

	Yes	No	
Father	☐	☐	
Mother	☐	☐	
Brother(s)	☐	☐	
Sister(s)	☐	☐	

If yes, at what age did this occur?

What illness?

Is there any history of hereditary or congenital disease in your family?
(eg. familial polyposis of colon, polycystic disease of kidneys)

HISCOX

	Living		Deceased	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brother				
Sister				

	Yes	No	*If you have ticked a shaded box, give full details below*
Are you or have you ever been in any one of the AIDS high risk groups, namely:			
Homosexual males	☐	☐	
Bisexual males	☐	☐	
Haemophiliac	☐	☐	
Intravenous drug user	☐	☐	
Or have you ever had sexual contact with any one of the above groups?	☐	☐	

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE INFORMATION GIVEN IS TRUE. I AGREE THAT THIS FORM WILL CONSTITUTE PART OF MY APPLICATION AND THAT FAILURE TO DISCLOSE ANY MATERIAL FACTS KNOWN TO ME MAY AFFECT THE POLICY.

Signature of Examinee ____________________ Date ____________________

To be answered by Medical Examiner

9.	HISTORY	*Yes*	*No*	*If you have ticked a shaded box, give full details below*
	Is the examinee personally known to you?	☐	☐	
	Are you the examinee's General Practitioner?	☐	☐	
	Have you examined him/her professionally?	☐	☐	

10. MEASUREMENTS

Height
......................ft ....in
.....................metres *(without shoes)*

Weight
.....................st ....lbs
.....................kilos *(in ordinary indoor clothes)*

	Yes	No
Is the weight constant?	☐	☐

Reason for any recent change.

Girth of chest on expansion .... ins/cms

Girth of chest full inspiration .... ins/cms

Girth of abdomen .... ins/cms

11.	APPEARANCE	Yes	No	Details
	Is the figure and general appearance consistent with good health? (eg. pallor, cyanosis, jaundice, pigmentation)	☐	☐	
	Are there signs of past or present over-indulgence in tobacco or alcohol or of the misuse of drugs?	☐	☐	
	Does the appearance of Examinee correspond with age stated?	☐	☐	
	Is there any defect or deformity of person, enlargement of thyroid or lymph nodes, hernia scars or scars of surgery?	☐	☐	

12. EARS, EYES AND MOUTH

Are there any signs of abnormalities in any of the following:

	Yes	No	Details
Ears	☐	☐	
Eyes	☐	☐	
Mouth	☐	☐	

		Yes	No	If you have ticked a shaded box, give full details below
13.	CHEST			
	Is the shape of the chest and its expansion on inspiration normal?	☐	☐	
	Are there any abnormalities of breath sounds or percussion?	☐	☐	
	If indicated, what is the peak expiratory flow rate?			
14.	CARDIO VASCULAR SYSTEM			
	Is there any evidence of arterial disease?	☐	☐	
	What is the rate of the pulse?			
	Is the rhythm normal?	☐	☐	

Blood Pressure:
Please record the Diastolic Pressure at the moment when sounds cease.
If the readings are in excess of 140/90, please record further readings taken at five minute intervals.

	1	2	3
Systolic			
Diastolic			

		Yes	No	If you have ticked a shaded box, give full details below
	Is there any cardiac enlargement?	☐	☐	
	What is the position of the apex beat?			
	Is auscultation normal?	☐	☐	
	Are there any murmurs? *If so, please describe the character and loudness of the murmur, the position in the heart cycle, the position of maximum intensity, radiation, and whether affected by excercise, breathing or posture.*	☐	☐	
	Is there any undue dyspnoea or pain on exercise?	☐	☐	
15.	ABDOMEN			
	Are there any signs of disease of the abdomen or pelvic viscera?	☐	☐	
	Are the hernial orifices closed?	☐	☐	
16.	SKIN			
	Are there any abnormal moles or skin lesions present?	☐	☐	
	If so, has there been any recent change in their characteristics, ie. size, colour or bleeding?	☐	☐	

		Yes	No	If you have ticked a shaded box, give full details below
17.	SPINE			
	Are there any signs of spinal disorder, eg. limitation of pain free movement or reduced SLR?	☐	☐	

18. URINANALYSIS

Urine should be passed at the time of examination.
(If a small amount of protein is discovered and no other evidence of renal disease is present, the examinee should be asked to call again in a few days and to bring two specimens of urine - one passed at night on retiring and the other passed on rising in the morning. The result of the test in each case should be recorded separately).

Condition of urine

	Yes	No	
Is it clear?	☐	☐	
Is any albumen present?	☐	☐	
Is any glucose present?	☐	☐	
Is any blood present?	☐	☐	
Are there any other abnormalities present?	☐	☐	

19. SPECIFIC

FEMALES ONLY

	Yes	No	
Is there any abnormality of the breasts?	☐	☐	

Last cervical smear test:

Date

Result

MALES ONLY

	Yes	No	
Is there any abnormality of the testicles?	☐	☐	

20. NERVOUS SYSTEM

	Yes	No	
Are there any signs of nervous disease present?	☐	☐	
Are the eyes and pupillary reflexes normal?	☐	☐	
Are the tendon and plantar reflexes normal?	☐	☐	
Are there signs of any other abnormality?	☐	☐	

		Yes	No	*If you have ticked a shaded box, give full details below*
21.	MENTAL HEALTH			
	Do you consider there is any suggestion of personality disorder or psychological ill health?	☐	☐	
22.	ADDITIONAL			
	Please comment on any special features revealed by examinee or noted during the examination.			

The Examinee having signed the third page in my presence.

Medical Examiner's Signature

Date

Please print name and qualifications

Addess to which your fee should be sent

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