



# MEDICAL EXAMINER'S REPORT

## I. BUILD AND MEASUREMENTS

- A. Height \_\_\_\_\_ ft. \_\_\_\_\_ ins. Measured?  Yes  No  
 B. Weight \_\_\_\_\_ lbs. Weighed?  Yes  No  
 C. Chest Inspiration \_\_\_\_\_ ins. Expiration \_\_\_\_\_ ins.  
 Abdomen at umbilicus \_\_\_\_\_ ins.

## 2. BLOOD PRESSURE (Take three readings at rest—3 minutes apart)

Systolic \_\_\_\_\_  
 Diastolic \_\_\_\_\_

## 3. Record results of exercise test (25 hops on each foot) unless contraindicated.

	Before Exercise	After Exercise	After 3 Mins. Rest
Pulse Rate			
Number of Irregularities			

Any chest pain or undue dyspnea, during or after exercise?  Yes  No

## 4. DO YOU FIND any evidence of past or present abnormalities or disease of:

- A. Brain or nervous system?  Yes  No  
*(Test pupillary and patellar reflexes. Note gait. Any paralysis?)*  
 B. Ears, eyes, nose or throat?  Yes  No  
 C. Glands? (Thyroid, lymph, endocrine)  Yes  No  
 D. Lungs or other respiratory organs?  Yes  No  
 E. Heart or blood vessels?  Yes  No  
 F. Stomach or other abdominal organs?  Yes  No  
 G. Genito-urinary system? (Including prostate)  Yes  No  
 H. Bones, joints or skin?  Yes  No

## 5. IS THERE:

- A. A Hernia?  Yes  No  
 If "Yes," is it reducible?  Yes  No  
 B. Evidence of varicose veins or ulcers?  Yes  No  
 C. Deformity, loss of limb or amputees?  Yes  No

## 6. GENERAL

- A. How well do you know examinee?  
 B. Have you ever treated the examinee or been consulted by him/her?  Yes  No  
 C. Do you find that the examinee has any physical or mental defect, or is in ill health?  Yes  No  
 D. Do you believe the examinee is older than the age given?  Yes  No  
 E. Have you reason to suspect that the examinee is or has been an intemperate user of alcohol or a user of narcotics?  Yes  No

## 7. URINALYSIS: Specific Gravity      Albumin      Sugar

Is specimen being sent to Home Office?  Yes  No

### Send Specimen to Home Office if:

- A. History or examination findings indicate cardiovascular or genitourinary impairment, hypertension, diabetes or diabetic family history.  
 B. Albumin or sugar in the examination specimen.  
 C. Amount of insurance is \$100,000 or more to age 30, \$60,000 or more to age 60, the applicant is over age 60.

## 8. HEART

A. Is there a murmur  Yes  No

If Yes, give details below

Timing:  Systolic  Presystolic  Diastolic  
 Intensity:  Faint  Moderate  Loud  
 Quality:  Soft  Blowing  Rough  
 Location:  Apex  Base

## B. How is murmur affected by:

Respiration? \_\_\_\_\_  
 Exercise? \_\_\_\_\_  
 Recumbency? \_\_\_\_\_

C. Is murmur transmitted  Yes  No

If Yes, where \_\_\_\_\_

## D. Degree of hypertrophy:

None  Slight  Moderate  Marked

E. Is there evidence of decompensation?  Yes  No

F. Is there a thrill?  Yes  No

G. Is murmur:  Organic  Functional  Unsure

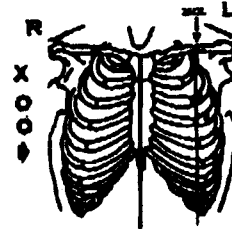
Locate

apex by

area of murmur by outline

point of greatest intensity by

transmission by



H. What is your final impression? \_\_\_\_\_

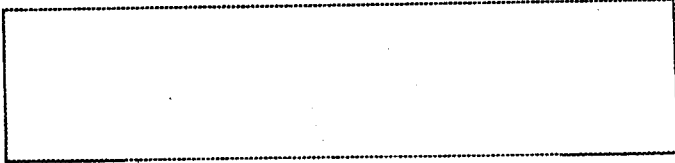
### DETAILS OF "YES" ANSWERS. (Identify item.)

Dated at  my office,  applicant's home,  applicant's place of business, at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ Signature of Examiner \_\_\_\_\_ M.D.

(Please Print or Stamp Name)

Address \_\_\_\_\_



INSURANCE COMPANY

**NOTICE AND CONSENT FOR BLOOD, URINE & SALIVA WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING**

**THE HIV ANTIBODY TEST**

To evaluate your insurability, the insurer named above has requested that you provide a specimen sample of your blood, urine or saliva for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form, you agree that this test may be done. A series of tests will be performed by a licensed laboratory through medically accepted procedure.

The HIV antibody test is extremely accurate. However, like any medical test, it is not 100% accurate. In rare instances the test may be positive in persons who are not infected with the virus. Additionally, the test may occasionally be negative in persons who are infected with HIV (a false negative), especially when infection occurred within the previous 3-6 months prior to the test.

**MEANING OF TEST RESULTS**

Positive HIV antibody/antigen test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

A negative test result means no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Absence of HIV antibodies does not mean that you cannot get the virus in the future.

**COUNSELING**

Many public health organizations have recommended that before taking an AIDS-related test, a person should seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling at your own expense, prior to being tested. Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have any questions or concerns, you may wish to consult your own physician or health care provider. A list of counseling resources is provided for your information.

**NOTIFICATION OF TEST RESULTS**

If your test results are negative, no routine notification will be sent to you. If your test results are other than negative, you are entitled to that information. Because a trained person should deliver that information so that you can understand clearly what the result means, you are asked to list your personal physician so that the insurer may know whom to contact with those results.

Name of Physician: \_\_\_\_\_ Address \_\_\_\_\_

**CONFIDENTIALITY OF TEST RESULTS**

All test results are treated confidentially. The laboratory will report them only to the insurer. The test results may be disclosed to employees of the insurer who have the responsibility to make underwriting decisions on behalf of the insurer, or to outside legal counsel who need such information to effectively represent the insurer in regard to your application. The results may be disclosed to reinsurers, involved in the underwriting process. The test results may be released to an insurance medical information exchange using only general codes that include results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person. No other disclosure will be made of the results except as required by law.

**CONSENT**

I have read and I understand this Notice of Aids Virus (HIV) Antibody Testing and Consent for Testing. I voluntarily consent to the withdrawal of blood from me, the testing of my blood for HIV antibodies, and disclosure of the test results as described above.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

\_\_\_\_\_  
Name of Proposed Insured (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date