

Paramedical Examiner's Report



CIGNA Group Insurance
 Life • Accident • Disability
 Connecticut General Life Insurance Company
 Insurance Company of North America
 CIGNA Life Insurance Company of New York

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|---|--|-----------------------------|
| Applicant's Name: | Applicant's Social Security No.: | Group Policy No.: |
| Employee's Employer Name: | | |
| Vitals: Height: ____ ft. ____ in. Weight: ____ lbs. | Blood Pressure: 1st Reading: ____ / ____ 2nd Reading: ____ / ____ | Pulse Rate: _____ |
| Specimen: Type of Specimen Collected: <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Both <i>All specimens should be forwarded to Clinical Reference Laboratory</i> | | |

**PLEASE COMPLETE QUESTIONS 1-9.
 IF A QUESTION IS ANSWERED "YES", PLEASE PROVIDE SPECIFIC DETAILS AS INDICATED.**

- Yes** **No** 1. a) Have you ever had or been told you have high blood pressure, heart or lung disease?
 Diagnosis: _____ Date of Onset: _____
 Physician's Name and Address: _____
 Treatment (including medications/surgery): _____
- Yes** **No** b) Have your parents or siblings ever had heart disease?
- Yes** **No** 2. a) Have you ever had or been told you have diabetes, thyroid, pituitary or other endocrine disease?
 Diagnosis: _____ Date of Onset: _____
 Physician's Name and Address: _____
 Treatment (including medications/surgery): _____
- Yes** **No** b) Have your parents or siblings ever had diabetes?
- Yes** **No** 3. Have you ever had or been told you have cancer, cysts, tumors or disease of the lymph glands or skin?
 Diagnosis: _____ Date of Onset: _____
 Physician's Name and Address: _____
 Treatment (including medications/surgery): _____
- Yes** **No** 4. Have you ever had or been told you have any disease of the abdominal organs including stomach, intestine, liver or gallbladder?
 Diagnosis: _____ Date of Onset: _____
 Physician's Name and Address: _____
 Treatment (including medications/surgery): _____
- Yes** **No** 5. Have you ever had or been told you have any disease of the kidney, bladder or prostate, or sugar in your urine?
 Diagnosis: _____ Date of Onset: _____
 Physician's Name and Address: _____
 Treatment (including medications/surgery): _____

Yes No 6. Have you ever had or been told you have arthritis or any other disorder of the muscles, connective tissues or bones?
Diagnosis: _____ Date of Onset: _____
Physician's Name and Address: _____
Treatment (including medications/surgery): _____

7. a) Have you ever or are you currently using any tobacco, alcohol or habit forming drugs?

Yes No **Tobacco:** Date Last Used: _____
Frequency: Daily Weekly Monthly Quantity: _____ per day/week/month

Yes No **Alcohol:** Date Last Used: _____
Frequency: Daily Weekly Monthly Quantity: _____ per day/week/month

Yes No **Habit Forming Drugs:**
Type(s): _____ Date Last Used: _____
Frequency: Daily Weekly Monthly Quantity: _____ per day/week/month

Yes No b) Are you currently using any prescribed medications not mentioned above?
Type: _____ Reason for Use: _____

Yes No 8. *To be completed if applicant is a woman:* Are you currently pregnant?

Yes No 9. Within the last five years, have you ever had any illness or injury not mentioned above or consulted any physician for surgical advice?

Diagnosis: _____ Date of Onset: _____

Physician's Name and Address: _____

Treatment (including medications/surgery): _____

I HEREBY DECLARE THAT EVERY LINE HAS A BOX CHECKED. "YES" BOXES HAVE DETAILS FILLED IN. I have read all of the statements and answers to the above questions and they are complete and true to the best of my knowledge and shall be relied on by the Insurance Company and shall be taken as the basis for the issuance of insurance for me.

Applicant Name (please print): _____

Signature of Applicant: _____ Date: _____

STOP: Examiner, as part of the Paramed Exam, please comment on any physical impairment(s) you may have observed during the Paramed Exam and provide details on a separate page.

PLEASE REVIEW THIS FORM TO MAKE SURE ALL QUESTIONS ARE ANSWERED AND DETAILS ARE PROVIDED. If any information is missing or incomplete, you will delay the underwriting process.

Examiner Name (please print): _____

Signature of Examiner: _____ Date: _____

Examining Office Number: _____ Examining Office City and State: _____

Branch Office Stamp:



CIGNA Group Insurance
Life • Accident • Disability

1455 Valley Center Parkway
Bethlehem, PA 18017-2288

**Life Insurance Company of North America, Philadelphia, PA
Connecticut General Life Insurance Company, Hartford, CT
CIGNA Life Insurance Company of New York, New York, NY**

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

To determine your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood or urine for testing and analysis. All tests will be performed by a licensed laboratory.

Test may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure.

IMPORTANT INFORMATION REGARDING THE HIV TEST:

The AIDS-related virus (HIV) antibody test detects the presence of antibodies, naturally occurring proteins in the blood or urine produced by the body in response to the AIDS-related virus, by using a simple blood or urine test. This is not a test for AIDS. The test does not tell you if you have AIDS or an AIDS Related Condition (ARC), if you will develop AIDS or ARC, if you are immune to AIDS or ARC, or if you are healthy. It does show whether you have been infected with the virus that can cause AIDS. For further information regarding AIDS or AIDS-related virus antibody test, consult your physician, call the San Francisco AIDS Foundation Hotline (415) 863-AIDS, or contact one of the AIDS resources at the end of this form.

A negative test result indicated that the antibody has not been found in your blood or urine. If you test negative, there are three possible explanations: 1) you have not been infected with the virus; 2) you have had contact with the virus but have not become infected; or 3) you have been infected by the virus but have not yet produced antibodies.

A positive test result indicates that you have probably been infected with the AIDS virus and your body has produced antibodies. Researchers have shown that most people with AIDS antibodies have active virus in their bodies. You may therefore assume you are contagious and capable of passing the virus on to others. A positive result does not mean that you have AIDS or ARC, that you will necessarily get AIDS or ARC nor that you are immune to AIDS.

DISCLOSURE OF TEST RESULTS:

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its employees or outside contractors. The insurer may also report test results to its affiliates, reinsurer's or outside contractors in the form of generic codes indicating nonspecific blood disorders. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer may report to the MIB, Inc. a generic code which signifies only a non-specific blood abnormality.

ANC-05

TL-001926 (California)
Revised 02/21/2000
Reorder as LMS-608264c

Resources where you may obtain assistance in understanding the test and the meaning of test results:

- San Francisco AIDS Foundation
995 Market Street, Suite 200
San Francisco, CA 94103
(415) 487-3000
- AIDS Project-East Bay
1755 Broadway
Oakland, CA 94612
(510) 663-7979
- Sacramento AIDS Foundation
1330 Twenty First Street, Suite 100
Sacramento, CA 95814
(916) 448-2437
- AIDS Services Foundation of Orange County
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408
(949) 253-1500
- Central Valley AIDS Team
1999 Tuoumne Street, Suite 625
Fresno, CA 93721
(559) 264-2437
- South Bay AIDS Project
4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4161
- AIDS Project Los Angeles
1313 N. Vine Street
Los Angeles, CA 90028
(323) 993-1600
- ARIS Project
1550 Alameda Street, Suite 100
San Jose, CA 95126
(408) 293-2747