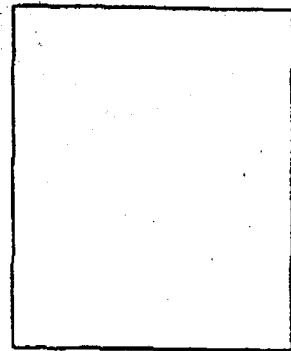
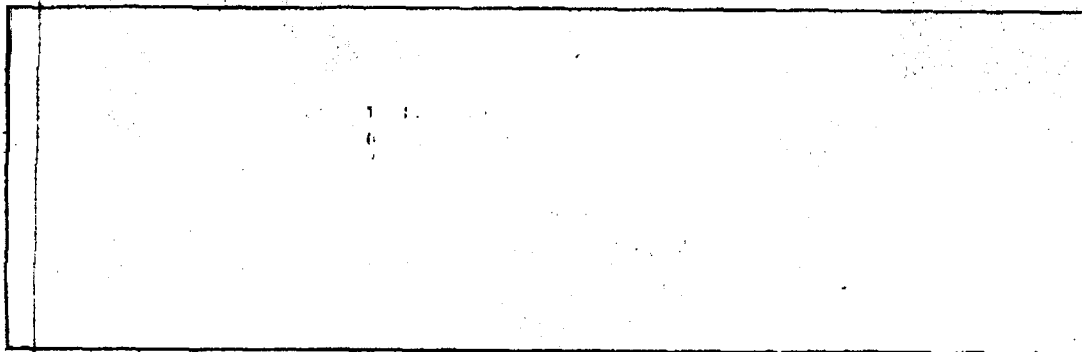


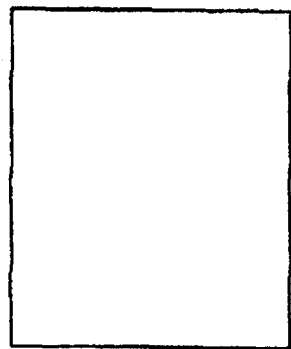
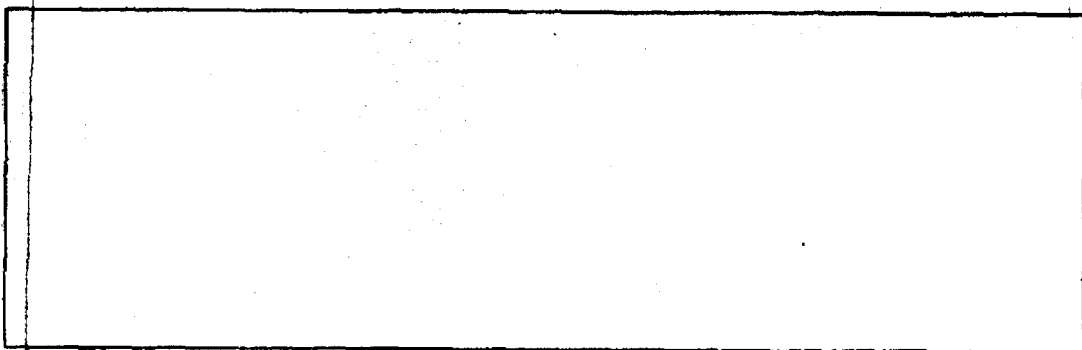
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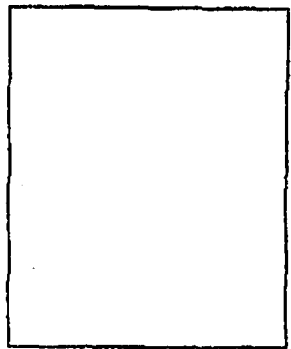
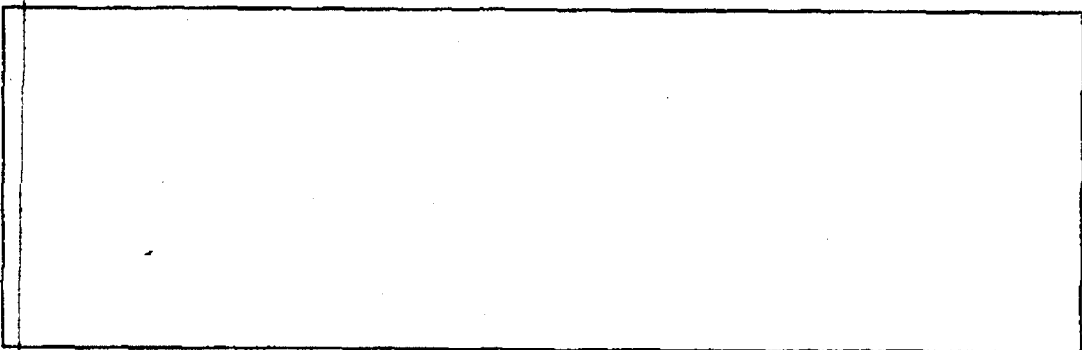
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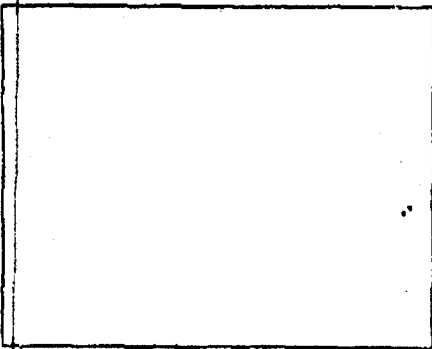
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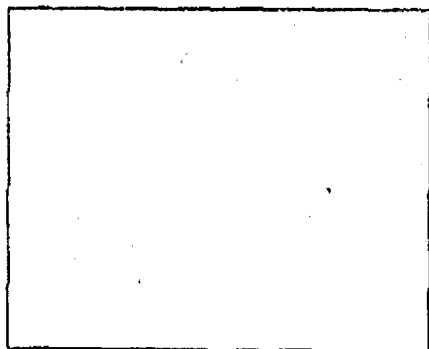


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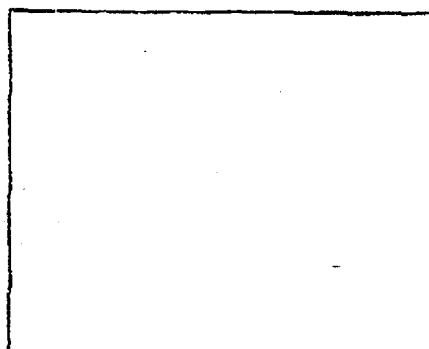
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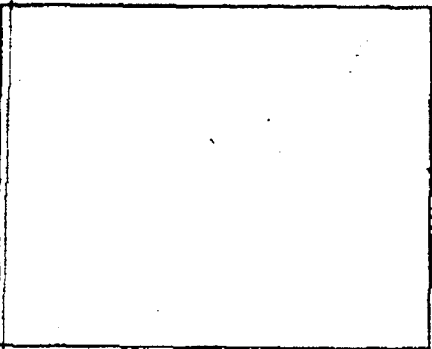
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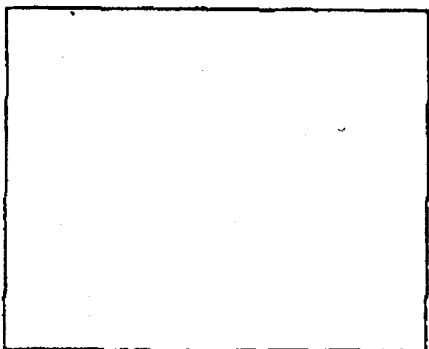
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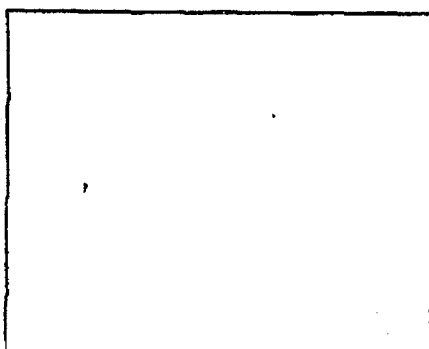
V
4



V
5



V
6



Applicant _____ Date _____

*Address _____

_____ Telephone Number _____

D.O.B. _____ Sex _____ *Height _____ *Weight _____

Social Security Number _____

Occupation _____ Pulse _____ *Blood Pressure _____

*Doctor(s) _____

*History _____

*Medication _____

*These items may be left blank only if they have been recorded on Part II of the application (paramed exam form) submitted in conjunction with this ECG.

A paramed exam was was not completed

Check the Following Points:

- ECG is run at 1.0mV
- Standardization mark is indicated on Lead I
- Applicant has signed and dated Lead I
- Examiner witnessed applicant's signature

Insurance Company _____

Examiner's Signature _____

Print name of Examiner and Title _____

Branch and Address _____

