EMSI SM

lead and innovate

EXAMINATION MANAGEMENT SERVICES, INC.

PARAMEDICAL SHORT FORM

(NON-MED)

CASE I.D. #
AGENT

INSURANCE COMPANY _____

NAME (Please Print) LAST	FIRST	MIDDLE	**DATE OF BIRTH** / /
ADDRESS CITY	STATE	**PROOF OF IDENTITY** SS# /DL#	**STATE**

	YES	NO
1. Have you during the past 5 years consulted any physician or practitioner for any reason, including routine examination or check up? (If so, date, purpose, illness, injury or condition and give full name and complete address of physician and/or hospital.)	☐	☐
2. Do you routinely take medication of any kind? (If so, state kind, dosage, frequency and reason.)	☐	☐
3. A. Do you use tobacco of any kind (If so, state type of tobacco and frequency.)	☐	☐
B. If non-user, have you ever used tobacco?	☐	☐
4. Do you have a personal physician? (If so, list name and complete address.)	☐	☐

GIVE COMPLETE DETAILS TO ALL "YES ANSWERS

5. A. Blood Pressure	Left Arm	Right Arm
Systolic		
Diastolic		

B. Pulse (rate per in.)

C. Height (in shoes)

D. Weight (clothed)

If answered "NO" state reason in above section

E. HOS collection Yes ☐ No ☐

F. HOS dipstick Albumin Sugar

G. Blood collection Yes ☐ No ☐

H. Lab used:

I declare I have read the foregoing and that my answers are correctly recorded to the best of my knowledge and belief. I hereby, authorize the release of medical records or medical knowledge of me to _____ insurance company or information gathering source for the purpose of insurance underwriting.

BRANCH OFFICE STAMP

_____
Signature Date

_____
Witness (Examiner) Date