

EXAMINING PHYSICIAN'S CONFIDENTIAL REPORT

Examination is to be made in private and findings are to be treated confidentially. Mail completed examination to Peterson International Insurance Brokers, Lloyd's of London Correspondents, 23223 Valencia Blvd. #218, Valencia, CA 91355, 800-345-8876

7. a. How did you identify the person examined?
b. Have you ever attended this applicant before? Yes No

8. a. AGE _____ **b. Does applicant appear older?**
c. Does appearance indicate health and vigor?
d. Are you related to the person examined or the widow/representative?

9. a. HEIGHT
 In shoes: _____ ft. _____ in. Did you measure?
b. WEIGHT _____ pounds Did you weigh?
 (With coat off)
c. GIRTH
 Chest at forced inspiration _____ in.
 Chest at forced expiration _____ in.
 Abdomen _____ in.

10. BLOOD PRESSURE on type of appearance of hands

	Systolic	Diastolic	
1st Reading	_____	_____	
2nd Reading	_____	_____	
3rd Reading	_____	_____	

11. PULSE Pulse Precordial Count (Count pulse for one full min.)

a. At rest _____
b. Immediately after exercise _____
c. Three min. after exercise _____
d. Is arrhythmia present? Yes No
 (Describe any irregularity under Remarks.)

12. URINALYSIS

Specific Gravity _____
 Albumin _____ Test _____
 Sugar _____ Test _____

Mail remainder of specimen to laboratory on all applicants.

13. SMOKING

Has Proposed Insured smoked cigarettes at any time within the past 12 months? Yes No

Used other tobacco products? (If "Yes," describe) Yes No

14. DOES EXAMINATION REVEAL ANY ABNORMALITY OF THE HEART OR BLOOD VESSELS? Yes No
 (If Yes, Complete Question 11)

15. DOES EXAMINATION REVEAL ANY ABNORMALITIES OF:

a. Sight, hearing, fundi	<input type="checkbox"/> <input type="checkbox"/>
b. Mouth, teeth, tonsils, nose, throat	<input type="checkbox"/> <input type="checkbox"/>
c. Thyroid or lymph glands	<input type="checkbox"/> <input type="checkbox"/>
d. Chest, breasts or lungs	<input type="checkbox"/> <input type="checkbox"/>
e. Abdominal organs or digestive system	<input type="checkbox"/> <input type="checkbox"/>
f. Genito-urinary tract	<input type="checkbox"/> <input type="checkbox"/>
g. Feet or other reflexes	<input type="checkbox"/> <input type="checkbox"/>
h. Spine, bones, hands, joints or skin	<input type="checkbox"/> <input type="checkbox"/>

16. Yes No

a. Are there any hernias?
b. Are there any hemorrhoids?
c. Are you aware of additional medical history?
 (A confidential report may be sent to the Medical Director)

17. HEART — To be completed if Question 8 is answered "Yes".

a. Is there a history of rheumatic fever, chorea, scarlet fever, diphtheria, recurrent tonsillitis or erysipelas? (Include Date) _____

(Give details under Remarks for all "Yes" answers)

b. Is the heart enlarged? Yes No
c. Is it dull/green?
d. Is there any abnormality of heart sounds—exclusive of murmurs?
e. Is there a murmur present?

Describe effect of exercise or body position —

	Time	Characteristics			
	Typ. (Apex)	Blk. (Base)	Phys. (Base)	Soft or Harsh	Blowing
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTENSITY (Grade I - VI)

	I. Early Audible	II. Faint	III. Moderate	IV. Loud	V. Very Loud	VI. Loudest Possible
Murmur (Apex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murmur (Base)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. IS THE MURMUR ORGANIC? Yes No

Diagnosis or opinion: _____

REMARKS — Please give full details and indicate questions involved.

IMPORTANT: Are you sending, or have you arranged to send an X-RAY, BLOOD PROFILE or ELECTROCARDIOGRAM?

X-RAY: Yes No X-RAY: Yes No BLOOD PROFILE: Yes No
 (Please have applicant sign first EKG LEAD)

Examination made at: _____ My office
 Applicant's residence Applicant's place of business

I CERTIFY that the above and the reverse side are a record of a careful examination on this date of the person described herein whose answers were recorded as given to me, and whose signature on the reverse side was written in my presence.

Date _____ Time _____ AM/PM

PLEASE PRINT OR STAMP YOUR:

NAME _____
 ADDRESS _____

