



RBC Insurance

LIFE:  Traditional  Variable ANNUITY:  Fixed  Variable (Term. UL. WL)

MEDICAL HISTORY STATEMENT AND REPORT (ANSWERS MADE TO THE MEDICAL EXAMINER)

Business Men's Assurance Company of America PO Box 19087 Greenville, SC 29602-9087 1.800.234.5514 ■ Traditional/Fixed Annuities 1.800.423.9398 ■ Variable Life/Annuities

CONTINUATION OF LIFE/DISABILITY APPLICATION

APPLICANT: SEX: BIRTHDAY: AGENT NAME/CODE:

Name/address of personal physician?

Date/reason last consulted

So far as you know and believe -- Yes/No Dates, severity, treatment, duration, outcome: names, addresses of physicians, hospitals, or clinics. 1. Have you ever had any physical disability or impairment? 2. Have you ever been on or are you now on a prescribed diet or medication? 3. Within the past 10 years, have you been diagnosed or treated by a member of the medical profession for: a. Disease or disorder of heart, blood or blood vessels? (1) Coronary artery disease, heart attack, chest pain, high blood pressure, stroke, rheumatic fever, heart murmur, abnormal heart rate or rhythm? b. Disease or disorder of eyes, ears, nose, sinuses, or throat? c. Disease or disorder of lungs, or bronchi? (1) Shortness of breath, pleurisy, chronic cough, bronchitis, asthma, emphysema, or tuberculosis? d. Disease or disorder of liver, esophagus, stomach, intestinal tract, pancreas, or gall bladder? (1) Indigestion, diarrhea, abdominal pain, ulcer, intestinal bleeding, hemorrhoids, or hernia? e. Disease or disorder of kidneys, ureters, bladder, prostate, testicles, or abnormal urinalysis? f. Disease or disorder of breasts, uterus, cervix, tubes, ovaries, or complications of any pregnancies? (1) Are you now pregnant? g. Disease or disorder of brain or nervous system? (1) Headache, dizziness, fainting, unconsciousness, convulsion, epilepsy, or paralysis? (2) Received professional treatment for mental, nervous, psychological, or emotional conditions, anxiety, depression, or attempted suicide? h. Diabetes, thyroid, or other glandular disorder? i. Disease or disorder of skin, lymph glands, muscles, bones or joints, arthritis, gout, back or neck disorder? j. Tumor, cancer, cyst, or growth? k. Venereal disease? 4. Have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS)? 5. Have you a. Had any other impairment, sickness, injury, surgery, diagnostic test or treatment not specified above? b. Been advised to have or do the following which was not completed: 1) any diagnostic test; 2) surgery; or 3) hospitalization? c. Used alcohol, marijuana, cocaine, or other drugs (except as prescribed by a physician)? State which, amounts, frequency d. Had any exposure to harmful substances like chemicals, dust, asbestos, etc? e. Had any weight gain or loss in past year? (how much, and cause) f. Military service rejection or discharge for medical reasons? g. A history in parents, brothers, or sisters of: (1) Diabetes, heart, kidney or liver disease, high blood pressure, mental illness, stroke or cancer? (2) Death before age 60? (Relationship, age, and cause of death)

So far as I know and believe, the answers given above are true and complete. I agree that they, with the statements on my BMA application dated will be the basis for and a part of any insurance issued.

WITNESSED: MEDICAL EXAMINER

SIGNED: PROPOSED INSURED

DATED: MONTH/DAY/YEAR

**MEDICAL EXAMINATION REPORT**

EXAMINATION OF  
PRINT FULL NAME

PLEASE GIVE FULL DETAILS OF ADVERSE  
FINDINGS IN "DETAILS" SPACE BELOW

6. Height		7. Weight		8. Girth-Chest		9. Girth-Abdomen
Ft.	In.	Present	1 Yr. Ago	Insp.	Exp.	Abdomen

18. Urinalysis - See note below.  
  
Are you satisfied specimen is authentic?  Yes  No

**NOTE: A URINE SPECIMEN IS REQUIRED TO BE SENT TO THE HOME OFFICE REFERENCE LAB ON ALL EXAMINED CASES.**

10. Temperature		11. Pulse Rate		If pulse is irregular, complete exercise test (question 17.f. below)
12. Blood Pressure		Systolic	Diastolic	IF BLOOD PRESSURE IS ABNORMAL, record additional reading after 5 minutes
1st reading				
Additional				

19. Have you any pertinent information affecting proposed insured not brought out above?  Yes  No  
  
**DETAILS**

On inquiry and examination, is there evidence of --

13. Present or past diseases or abnormalities of: Yes/No

a. Brain, nervous system? (Test reflexes; coordination) .....

b. Eyes, ears, nose, throat, teeth, gums? .....

c. Thyroid or lymph glands? .....

d. Lungs or respiratory system? .....

e. Abdominal organs? .....

f. Genito-urinary organs? .....

g. Skin or skeletal structure? .....

14. Hernia? (If yes, describe) .....

15. Varicose veins or ulcers? .....

16. Arteriosclerosis, other peripheral vascular disease? .....

17. Present or past diseases or abnormalities of heart or blood vessels? ....

a. Is there a history of rheumatic fever, scarlet fever, endocarditis, recurrent tonsillitis? .....

b. Is there hypertrophy? (If yes, state degree) .....

c. Is there a murmur? .....

Type:	Quality	Intensity	Location
<input type="checkbox"/> Systolic	<input type="checkbox"/> Soft	<input type="checkbox"/> Faint-gr I-II/VI	<input type="checkbox"/> Apex
<input type="checkbox"/> Diastolic	<input type="checkbox"/> Rough	<input type="checkbox"/> Moderate-gr III-IV/VI	<input type="checkbox"/> Aortic
<input type="checkbox"/> Presystolic	<input type="checkbox"/> Blowing	<input type="checkbox"/> Loud-gr V-VI/VI	<input type="checkbox"/> Pulmonic
			<input type="checkbox"/> Others

d. Is murmur constant? .....

e. Is murmur transmitted? .....

If yes, where? \_\_\_\_\_

Your impression of the murmur: \_\_\_\_\_

f. EXERCISE TEST - if no contraindication, perform exercise test-50 vigorous hops	Pulse	Irregularities	Murmur	
	Rate	# per minute	Present	Absent
Before Exercise				
Immediately 3minutes after				

g. PLEASE RECORD FINDINGS, USING FOLLOWING SYMBOLS:

Position of apex beat.....X

(\_\_ins. or \_\_cms. from midsternum in \_\_interspace)

Midsternum -                      - Midclavicle

MEDICAL EXAMINER: Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Tax ID/SS# \_\_\_\_\_  
 Medical School \_\_\_\_\_ Graduation Date \_\_\_\_\_ Birth Date \_\_\_\_\_