



### Senior Exam Supplement

Name of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

Name of Examiner \_\_\_\_\_ Paramedical Service \_\_\_\_\_

**Instructions For Examiner:** This supplement is required on all applicants age 71 and above and is in addition to the usual requirements. The usual requirements include 1) completion of Part 2 medical history, 2) physical measurements (height/weight, BP, HR, etc.), 3) blood and urine, and EKG. The Senior Supplement includes 1) the results of three tests (Peak Flow Meter, Timed Get Up and Go, and Ten Word Delayed Recall, 2) the examiners observations, and 3) some additional questions for the examiner to ask the applicant.

1) **Tests:** As part of the Senior Exam, the examiner should conduct the following three tests and record the results below:

- a. Peak Flow Meter Test: Maximum (liters/minute) \_\_\_\_\_ (best of 3 tries)
- b. Timed Get Up and Go Test: The number of seconds it takes to rise from a chair, walk 10 feet and return to the chair and sit down. \_\_\_\_\_ seconds.  
If any gait or mobility problems, explain \_\_\_\_\_
- c. Ten Word Delayed Word Recall: Of the ten words provided, indicate the number of words recalled after 5 minutes \_\_\_\_\_.

2) **Examiner's observations:**

- 1) General appearance of Proposed Insured \_\_\_\_\_
- 2) Did anyone accompany the Proposed Insured during the exam?  Yes  No  
If yes, explain \_\_\_\_\_
- 3) Did the Proposed Insured understand the questions asked?  Yes  No  
If no, explain \_\_\_\_\_
- 4) Did you notice anything unusual?  Yes  No  
If yes, explain \_\_\_\_\_

3) **Questions for the examiner to ask the Proposed Insured:**

- 1) What is highest educational level you have completed (check one)?  
 Advanced college degree  College degree  High School  
 Did not complete High School
- 2) Which of these household activities do you perform regularly (check all that apply)?  
 cleaning  lawn mowing  laundry  shopping  
 meal preparation  handling finances  using a computer
- 3) Have you had any falls in the past 3 years?  Yes  No  
If yes, indicate how many falls \_\_\_\_\_. Also indicate details including dates. \_\_\_\_\_

- 4) Do you exercise?  Yes  No  
If yes, how often? \_\_\_\_\_ and what type of exercise? \_\_\_\_\_
- 5) Are you gainfully employed?  Yes  No  
If yes, how many hours do you work per week? \_\_\_\_\_
- 6) Do you participate in any of the following (check all that apply)?  
 hobbies  volunteer work  other outside activities  
If yes, explain and indicate the # of hours per week. \_\_\_\_\_  
\_\_\_\_\_
- 7) Do you travel?  Yes  No  
If yes, give details including # times per year \_\_\_\_\_, when you traveled last \_\_\_\_\_,  
and your travel plans for the next 12 months. \_\_\_\_\_  
\_\_\_\_\_
- 8) Do you currently drive?  Yes  No  
If no, when and why did you stop? \_\_\_\_\_  
If yes, give number of miles driven per week and number of accidents in past 2 years. \_\_\_\_\_  
\_\_\_\_\_
- 9) Do you have a pet?  Yes  No  
If yes, what kind of pet(s) do you have? \_\_\_\_\_
- 10) If you have ever smoked cigarettes, how many years did you smoke \_\_\_\_\_ and, on average, how  
many packs of cigarettes did you smoke per day? \_\_\_\_\_
- 11) Are there other persons living in your household?  Yes  No  
If yes, please indicate how many adults \_\_\_\_\_ and how many children \_\_\_\_\_.

**Signature of Examiner** \_\_\_\_\_



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