



NAME OF APPLICANT

Part I - Applicant's Statements to the Medical Examiner

1. Date of birth?		13. Family Record	LIVING		DEAD		
2. Your Present Occupation?			Age	Health	Age	Date of Death	Cause of Death
3. Are you in sound health as far as you know and believe ?		Father					
4. Have you ever changed or been advised to change residence or occupation for benefit of your health ? If so give details.		Mother					
		Wife or Husband					
5. Have you ever used alcoholic beverages to excess or intoxication? If so give details.		Brothers					
6. To what extent do you use alcoholic stimulants now?		Sisters					
7. Have you ever used morphine, cocaine or any narcotic drug?		Children					
8. Have you ever been rejected, rated up or postponed by any insurance company? If so, specify the action taken and the date and name of company.		14. Do you have periodic health examinations?..... When last?.....Findings?..... By Whom?					
		15. Have you ever undergone surgical operation? (Yes or No)..... Date of Operation..... Nature of Operation.....					
		16. Name of Doctor you last consulted?..... Address?.....Date..... Why Consulted?.....					
9. Has any member of your family ever had tuberculosis or have you at any time been associated with a person having this disease? If so, give full details.		17. FOR ADULT FEMALES ONLY (a) Have you ever had any type of female disease or trouble? (b) Are you pregnant? If so, give months advanced. (c) Have you passed the climacteric? (d) Have you ever had a miscarriage or difficulty in labour? If so give date and details (e) If married give maiden name (f) Amount of insurance husband carries in your favour?					(a)
							(b)
10. Have you ever been refused for or discharged from military or naval service for physical reasons? If so, state which and give date and reason.		11. Have you ever applied for or received compensation or disability benefits from the government or any insurance company? If so, give amount, dates and reason. Yes or No..... Amount..... From..... To..... Reason.....					(c)
							(d)
12. Has your weight changed in the past year? If so, give details.		12. Has your weight changed in the past year? If so, give details. Yes or No..... Lbs gained... Lbs. Lost..... Cause.....					(e)
							(f)
18. Have you ever had any of the following diseases or symptoms?		Each question must be read and answered "Yes" or "No."					
(a) Apoplexy, fits, epilepsy, nervous breakdown, frequent headaches, fainting spells, or any disorder of the nervous system?			(e) Kidney trouble, syphilis, gonorrhoea, albumin, casts, or sugar in urine or any disorder of the genito-urinary system?				
(b) High or low blood pressure, palpitation, heart disease, or any disorder of the circulatory system?			(f) Lumbago, sciatica, rheumatism, arthritis, paralysis, enlarged veins, skin disease, goiter, tumor or cancer?				
(c) Asthma, pleurisy, chronic cough, pneumonia, tuberculosis, bronchitis, or any disorder of the respiratory system?			(g) Impairment of eyes, ears, or limbs or any physical defect or deformity?				
(d) Appendicitis, gastritis, dyspepsia, gastric or duodenal ulcer, jaundice, fistula, hernia, or any disorder of the digestive system or abdominal organs?			(h) Have you within the past five years had any illness or consulted a physician for any reason not included in your previous answers?				

In regard to those answered "Yes" give full details below:

Disease Injury of Operation	No. of Attacks	Date of Last Attack	Duration	Severity	Results	Name and address of Physician

I hereby declare that the above answers are full, complete, and true and I agree that they are to be considered the basis of any insurance issued hereon. I hereby authorize any physician at any time to furnish information he may be possessed of regarding me.

Dated at this day of 20.....

Witness.....
Medical Examiner
Signature of Applicant



STATE INSURANCE

COMPANY LIMITED

Part II MEDICAL EXAMINER'S REPORT

<p>19. Are you related to the Applicant or agent?</p> <p>20. How long have you known applicant?</p> <p>21. What is applicant's apparent age?</p> <p>22. Does applicant's appearance indicate good health?</p> <p>23. BUILD</p> <p>(a) Height with shoes on?.....ftins</p> <p>(b)Weight with clothes onlbs</p> <p>(c) Girth of abdomen at umbilicus?.....ins</p> <p>(d) Girth of chest (expiration)?.....ins</p> <p>(e) Girth of chest (inspiration)?.....ins</p> <p>(f) Did you measure applicant ?.....</p> <p>(g) Did you weigh applicant?.....</p> <p>24. TEMPERATURE (Full minute under tongue)</p> <p>25. BLOOD PRESSURE (If you over 145 systolic or 90 diastolic please retake later in examination and report second reading under "Explanatory Remarks.")</p> <p>Systolic.....mm</p> <p>Diastolic.....mm 5th phase (Disappearance of sound)</p> <p>26. PULSE (Describe any intermittencies or irregularities under "Explanatory Remarks")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) Per full minute seated at rest</td> <td style="width: 20%;">Rate Per Minute</td> <td style="width: 20%;">Number of irregularities</td> </tr> <tr> <td>(b) Immediately after 15 vigorous bends</td> <td></td> <td></td> </tr> <tr> <td>(c) Three minutes after exercise</td> <td></td> <td></td> </tr> </table>	(a) Per full minute seated at rest	Rate Per Minute	Number of irregularities	(b) Immediately after 15 vigorous bends			(c) Three minutes after exercise			<p>27. HEART</p> <p>(a) Are sounds and rhythm normal?</p> <p>(b) Is there a murmur present? If so, state location</p> <p>Systolic or Diastolic?</p> <p>Is murmur transmitted?</p> <p>Effect of exercise</p> <p>(c) Is there any enlargement of the heart?</p> <p>If so, state the degree of hypertrophy.....</p> <p>(d) Diagnosis of the condition of the heart</p> <p>28. LUNGS</p> <p>Are the respiratory sounds normal in all areas with no evidence of rales, dullness or other pathology?.....</p> <p>29. ABDOMEN</p> <p>Is there any evidence of tenderness, masses, or other pathology developed by palpation or pressure over liver, spleen, region of appendix, gall bladder, kidneys or abdomen?.....</p> <p>30. URINALYSIS</p> <p>Specific Gravity? Reaction?</p> <p>Albumin?..... Sugar?.....</p> <p>Specimen voided at..... P.M. on.....date A.M.</p> <p>NOTE. A specimen should be sent to the Home Office at all ages when there is any evidence past or present of cardiovascular disease or urinary impairments. Regardless of history or findings a specimen should be sent at ages 55 and over, or at any age if the amount applied for is 4,000 or more.</p> <p>Are you sending a specimen for Home Office urinalysis?.....</p>									
(a) Per full minute seated at rest	Rate Per Minute	Number of irregularities																	
(b) Immediately after 15 vigorous bends																			
(c) Three minutes after exercise																			
<p>31. ARE THERE ANY INDICATIONS OF DISORDER OF:</p> <p>(a) Brain or Nervous System (Test pupillary and Patella reflexes)</p> <p>(b) Respiratory Organs (Throat, Nose, Sinuses)</p> <p>(c) Glands (Thyroid, Lymph, Endocrine, etc)</p> <p>(d) Blood Vessels (Arteriosclerosis, varicosities, etc)</p> <p>(e) Skin, Muscles, Bones. Joints (Deformity , Rheumatism, etc)</p> <p>(f) Ears and Eyes (Deafness or discharge from ears, Impaired eyesight)</p> <p>(g) Hernia? (If so, state location, size and whether reducible)</p> <p>(h) Any other part of the body.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Answer Yes or No</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Answer Yes or No																
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EXPLANATORY REMARKS

SUMMARY
Give a summary of medical history and physical findings which in your opinion might affect longevity.....

I certify that I have carefully examined
of in private at
(Home. Doctor's Office , etc.)
On thisday of20.....

Signature of Examiner
.....
Examiner's Post Office Address