

Quick Check

DETAILS OF LIFE INSURED

Application/policy number:

Full name:

Date of birth:

Postal address:

Postcode:

Occupation:

Name of adviser authorising Quick Check:

Type of insurance being applied for (tick appropriate box)

Life

TPD

Medical recovery

Disability Income

Please complete questions 1, 2 and 3 below. The examiner will discuss your answers with you and add any details considered appropriate. Please sign the declaration in the examiner's presence.

The medical examiner is requested to ensure that a clear and complete answer is given to each of the following questions.

1. Name of your usual doctor:

Address:

Postcode:

Phone (Work): ()

Fax: ()

i. How long have you been a patient of this doctor?

ii. Date of last consultation: / /

iii. Reason and outcome of last consultation:

2. Are you considering consulting or receiving advice or treatment from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional or seeking a medical examination (other than this QuickCheck), tests or an operation?

Yes

No

If 'yes', please provide full details.

3. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)?

Yes

No

If 'yes', please provide full details.

DECLARATION

I declare all the answers in this statement to be correct and I have not withheld any information material to the insurance.

Signature of Person to be Insured:

Date: / /

Name of medical examiner:

EXAMINATION OF THE PERSON TO BE INSURED

<p>The company's decision concerning the proposal for insurance will be based on careful consideration of the medical evidence and other factors including the type of insurance sought. The examiner is therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability.</p>	
1. What is the client's height (without shoes)?	cms
What is the client's weight (clothed)?	kgs
What is the client's chest and abdomen at umbilicus (next to skin)	Chest expiration <input type="text"/> cm Chest inspiration <input type="text"/> cm Abdomen <input type="text"/> cm
2. What is the blood pressure (auscultatory method)? The Diastolic level is to be taken at the cessation of all sound. If the first Systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.	Systolic <input type="text"/> Diastolic <input type="text"/> Systolic <input type="text"/> Diastolic <input type="text"/> Systolic <input type="text"/> Diastolic <input type="text"/>
3. Examination of the urine The urine should be passed at the time of the examination. If not, please state the circumstances.	Please advise results a) Albumin: <input type="text"/> b) Glucose: <input type="text"/> c) Blood: <input type="text"/>

SIGNATURE

Dated _____ on ____ / ____ / ____

Signature of medical examiner _____

Qualifications _____

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