

# Macquarie Life

## Short Medical Report



### Part One – Personal Statement of Life to be Insured

To be completed by the person to be insured.

- This Personal Statement is made in connection with a proposal for insurance on the life of the person shown at Question 1.
- The medical examiner will discuss your answers with you and add any details considered appropriate.
- You are reminded that your duty of disclosure continues up until the day of your policy commencement.
- Please **Sign** the Declaration in the examiner's presence.

#### Filling in this form

Please use black ink and mark boxes  with an X.

### 1 Applicant details

Application number

Name of person to be insured (as per passport)

Title    Mr     Mrs     Miss     Ms     Dr     Other  Please specify below

Given name(s)

Surname

Previous/maiden name

Occupation

Industry of occupation

Date of birth

Sex

M     F

Residential address of person to be insured

Street number and name

Suburb

State

Postcode

Home telephone

Work telephone

Mobile telephone

Email address

Adviser details

## 2 Medical history

Do you have or have you **EVER** had any of the following medical conditions? If you answer "Yes" to any item in question 2, please provide details below each question. If further space is required, please use photocopies of this page and attach them to your application.

- a** Any disorder or disease of the heart, circulatory problems or chest pains, including high blood pressure, stroke, brain haemorrhage, embolism, irregular heartbeat, heart murmur or raised cholesterol?

No  Go to next question

Yes  Provide details including treatment below

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- b** Asthma, bronchitis, sleep apnoea, any lung, respiratory or breathing disorder?

No  Go to next question

Yes  Provide details including treatment below

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- c** Pain or problems relating to your back, neck, joints, bones or muscles, including arthritis, slipped disc, sciatica, rheumatism, gout or any other muscular problems or repetitive strain injuries?

No  Go to next question

Yes  Provide details including treatment below

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- d** Any psychiatric complaint eg anxiety, depression, stress, insomnia, nervous breakdown, dementia, panic attacks, schizophrenia, post-natal depression, eating disorders or suicide attempt?

No  Go to next question

Yes  Provide details including treatment below

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- e** Any endocrine disorder eg diabetes, raised blood sugar levels, sugar in the urine, glandular or thyroid disorders?

No  Go to next question

Yes  Provide details including treatment below

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- f** Any kidney, urinary, prostate or bladder disorders, including blood or protein in the urine, urinary infections or kidney stones?

No  Go to next question

Yes  Provide details including treatment below

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- g** Any disorder of the digestive system, stomach, bowel, pancreas or liver disorders including hepatitis, gastric or duodenal ulcers, indigestion, colitis, Crohn's disease, polyps, hernia or irritable bowel syndrome?

No  Go to next question

Yes  Provide details including treatment below

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## 2 Medical history (continued)

**h** Any benign or malignant cancer, tumour, lump (including breast lump), cyst or growth?

No  Go to next question

Yes  Provide details including treatment below

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**i** Any form of skin lesion or skin cancer (eg squamous cell carcinoma, basal cell carcinoma, melanoma), mole or freckle that has bled, become painful, changed in colour or increased in size?

No  Go to next question

Yes  Provide details including treatment below

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**j** Any other disorder of the skin including psoriasis, eczema or dermatitis? Please indicate if this is affected by your occupation?

No  Go to next question

Yes  Provide details including treatment below

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**k** Epilepsy, fits, convulsions, blackouts, migraines or persistent headaches?

No  Go to next question

Yes  Provide details including treatment below

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**l** Any neurological complaint or disorder of the nervous system including multiple sclerosis, Parkinson's disease, muscular dystrophy, motor neuron disease, paralysis, cerebral palsy, dizziness, involuntary shaking, memory loss, weakness, loss of feeling, tingling of the limbs or face or problems with balance and/or coordination?

No  Go to next question

Yes  Provide details including treatment below

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**m** Alzheimer's disease, dementia or any other disorder of the brain and nerves?

No  Go to next question

Yes  Provide details including treatment below

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**n** Any disorder of the blood including anaemia, haemophilia, haemochromatosis?

No  Go to next question

Yes  Provide details including treatment below

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**o** Any disease or disorder of the ear or the eye (other than minor defects corrected by spectacles, lenses) eg iritis, strabismus, glaucoma, optic neuritis, blurred or double vision, hearing loss or tinnitus?

No  Go to next question

Yes  Provide details including treatment below

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**2 Medical history (continued)**

**p** Chronic pain syndrome, fibromyalgia, fibrositis, chronic fatigue syndrome or myalgia?

No  Go to next question

Yes  Provide details including treatment below

**q** Has your weight changed by more than 10kg in the last 12 months for reasons other than lifestyle and dietary change?

No  Go to next question

Yes  Provide details including treatment below

**r** Have you **EVER** tested positive for HIV/AIDS, Hepatitis B or C, or any sexually transmitted illness or are you awaiting the results of such a test (other than for this application)?

No  Go to next question

Yes  Provide details including treatment below

**s** Have you, in the last five years, been absent from work or your place of study for a period of greater than five days through any illness or injury not previously disclosed in this application?

No  Go to next question

Yes  Provide details below

**t** In the last five years have you undergone or have you been advised to undergo any medical investigation or test (eg genetic test, mammogram, colonoscopy, ultrasound, blood test or ECG) or have you sought treatment from a physiotherapist, chiropractor or massage therapist for a condition that you have not already disclosed?

No  Go to next question

Yes  Provide details including treatment below

**u** Have you **EVER** been refused cover, offered cover on special terms, **EVER** claimed or received compensation for any injury, sickness or disability or are there any circumstances not already mentioned that may affect the risk relating to the cover you have applied for?

No  Go to next question

Yes  Provide details below

**v** Do you contemplate seeking medical advice, investigation or treatment (including surgery) or are you currently experiencing any symptoms of illness, undergoing counselling, taking medication or do you have any physical defect or infirmity that you have not already disclosed?

No  Go to next question

Yes  Provide details including treatment below

## 2 Medical history (continued)

### For female applicants only

If you answer "Yes" to w, x, y or and/or z in question 2, please provide details below each question. If further space is required, please use photocopies of this page and attach them to your application.

**w** Have you **EVER** had any complications with pregnancy or childbirth eg ectopic pregnancies or miscarriages, and/or undergone IVF treatment, etc?

No  Go to next question

Yes  Provide details including treatment below

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**x** Have you **EVER** had an abnormal cervical smear (pap) test, breast ultrasound or mammogram?

No  Go to next question

Yes  Provide details including treatment below

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**y** Have you **EVER** had any symptoms or sought advice or treatment for any condition of the cervix, ovaries, fallopian tubes, breast or endometrium?

No  Go to next question

Yes  Provide details including treatment below

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**z** Are you currently pregnant? If yes, please provide your due date and expected return to work date.

No  Go to next question

Yes  Provide details below

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## 3 Personal habits

**a** Do you currently smoke or have you smoked in the last 12 months?

No  Go to next question

Yes  Provide the quantity smoked per day and for how many years

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**b** How many units of alcohol do you consume per week?

(1 unit = 1 single pub measure of spirits, 125ml glass of wine or ½ pint of beer, lager or cider)

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**c** Have you ever used or injected any drugs not prescribed by a medical attendant or received advice and/or counselling for excess alcohol consumption from any health professional?

No  Go to next question

Yes  Provide details below

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#### 4 Family history

Have any of your natural parents or siblings suffered with any of the following?

If you answer "Yes" to any item in question 4, please provide details below each question on which family member and age of onset of condition. If further space is required, please use photocopies of this page and attach them to your application.

**a** Ischaemic heart disease, cerebrovascular disease (heart attack, stroke, angina, TIA, hypertension)?

No  Go to next question

Yes  Provide details below

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**b** Hypertrophic cardiomyopathy?

No  Go to next question

Yes  Provide details below

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**c** Breast and/or ovarian cancer?

No  Go to next question

Yes  Provide details below

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**d** Diabetes mellitus?

No  Go to next question

Yes  Provide details below

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**e** Colorectal cancer (including polyposis of the colon)?

No  Go to next question

Yes  Provide details below

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**f** Other cancers?

No  Go to next question

Yes  Provide details below

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**g** Alzheimer's disease?

No  Go to next question

Yes  Provide details below

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**h** Parkinson's disease?

No  Go to next question

Yes  Provide details below

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#### 4 Family history (continued)

i Multiple sclerosis?

No  Go to next question

Yes  Provide details below

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j Huntington's disease?

No  Go to next question

Yes  Provide details below

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k Adult polycystic kidney disease?

No  Go to next question

Yes  Provide details below

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l Blood disorder?

No  Go to next question

Yes  Provide details below

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m Any other hereditary disorder?

No  Go to next question

Yes  Provide details below

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#### 5 Doctor history

Please provide the following details all the doctors you have consulted in the last 5 years:

Name	Address	Telephone Number	Last consulted

## 6 Declaration of the policy holder/person to be insured

Please read the following duty of disclosure and sign in front of the medical examiner.

### Your duty of disclosure

Before entering into a contract with Macquarie Life Limited you have a duty, under the Insurance Contracts Act, to disclose to us every matter you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to us before your Cover is extended, varied or reinstated. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

Importantly, your duty of disclosure continues until Macquarie Life has issued a written contract of life insurance.

### Information about privacy

Your privacy and that of the insured person, is important to Macquarie Life. This statement explains how personal information can be used or disclosed and provides information about your privacy rights. By completing the application you and the person to be insured agree to allow Macquarie Life to use the personal information of you and the person to be insured to:

- assess and process the application for insurance;
- communicate with you about the application and any Cover Macquarie Life supplies to you;
- monitor, audit, evaluate and otherwise administer your policy; and
- assess, process and investigate any claims.

You and the person to be insured also agree that other companies in the Macquarie Group and our external service providers (including for example, reinsurers, mailing houses and claims assessors) may access personal information when appropriate to assess your application, administer your policy or process any claims. If you, or the person to be insured, do not supply Macquarie Life with the personal information requested, Macquarie Life may not be able to provide the Cover applied for.

Unless you notify Macquarie Life otherwise, the personal information may be used by us or other companies in the Macquarie Group to offer products or services which may be of interest to you.

Name of the person insured

Signature

Date

### Part Two – Confidential Medical Report to Macquarie Life

#### To be completed by the medical examiner

Note: Information regarding your findings should not be given to any other person. Exception may be made, subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant.

- Please complete all sections in **black pen**
- Macquarie Life's decision concerning the proposal for insurance will be based on a 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
- Please do not order any further investigations other than those requested by Macquarie Life, without prior consent from the underwriting area.

### 1 Medical report

This Medical Report must be for the person named as the person to be insured on page 1 of this form.

The applicant has provided me with photographic identification confirming his/her identity being either a drivers licence, passport or other?

No  Go to next question

Yes  Provide details below

### 2 Are you acquainted with the examinee on a personal level?

No  Go to next question

Yes  Provide details below

### Medical Examination

Please provide details of any abnormality found.

### 3 Measurements

Height (without shoes) (cm)

Weight (clothed) (kg)

Abdominal girth (cm)

BMI (kgs/metres<sup>2</sup>)

#### 4 Blood Pressure

Systolic

Diastolic

If the diastolic reading is > 90mmHg or the systolic reading is >140mmHg, please take two further readings 5 mins apart

2nd reading – Systolic

2nd reading – Diastolic

3rd reading – Systolic

3rd reading – Diastolic

#### 5 Pulse

Pulse Rate

Is it regular?

Yes  No

#### 6 Urine

Please ensure that this is a mid stream specimen and passed either immediately before or after the examination. If any abnormalities are found, please submit for a MSU analysis. Please indicate how many +'s for any abnormalities found.

Albumin

Glucose

Blood

Ketones

Bilirubin

If the patient is female, has she recently finished or is currently menstruating? Yes  No

#### 7 General

Would you recommend any further test or investigations based on your findings during this examination?

No  *Go to next question*

Yes  Provide details below

Do you have any findings during this examination that you believe would have an impact on the life expectancy or ability to work of this examinee?

No  *Go to Declaration*

Yes  Provide details below

**Declaration**

- I declare that the person to be insured signed the Personal Statement (Section 1) in my presence
- I declare that I went through all of their answers with them and that no further information pertaining to the medical history was disclosed.

Name of examiner (please print)

Signature

Date

Qualifications

**Payment details**

Please attach the relevant invoice.

Surname

Initials

Practice name

Practice address


Phone number

Macquarie Life Limited ABN 56 003 963 773 AFSL 237 492 (MLL) is not an authorised deposit-taking institution for the purposes of the Banking Act 1959, and its obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542(MBL). MBL does not guarantee or otherwise provide assurance in respect of the obligations of MLL.



**Macquarie Life**

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**FORWARD** thinking

