



"Your partner for growth and security"

འབྲུག་ཁྲུང་རྒྱུ་ལས་འཛིན་ཆོད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Life Insurance Division

Full Medical Examiner's Confidential Report

Office		Proposal #	
Sales Executive Name		SE/DO/Branch Code	

In order to guard against impersonation PLEASE ensure that this document be signed by the Proposer and the person whose life is proposed to be assured in the presence of the Medical Examiner.

**The Life Proposed and the person introducing him/her to you should sign in your presence.
DO NOT USE the form if signed in advance.**

Proposer's details			
Name of Proposer			
Citizenship ID Card #		Occupation	
Date of Birth		Age	
Introduced to the Medical Examiner by:			
Designation & Signature of Introducer			

1. Identification	
i. Give identification marks	

2. Personal History and Habits		
i. Is there personal history of Asthma, Bronchitis, Tuberculosis or any diseases of lungs? If yes, give details:	Yes	No
ii. High Blood pressure, pain in the chest or any heart complaint? If yes, give details:	Yes	No
iii. Diabetics, cancer or tumors of any type, kidney disease?	Yes	No
iv. Gastritis, or Duodenal ulcer, colitis or liver problem?	Yes	No
v. Habits: a. History of smoking b. Excessive use of alcohol	Yes	No

3a. General Physical Examination			
3a. Measurement & Weight			
i. Height (Without shoes)		ii. Weight (kg)	
iii. Body Mass Index (BMI):			

3b. Respiratory System		
i. Is there any sign of abnormality of the respiratory system to palpation, percussion or auscultation? If yes, please give details:	Yes	No
ii. Are there any symptoms suggesting abnormality or disease of the respiratory system? If yes, please give details:	Yes	No



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཆོད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

3c. Cardiovascular System		
i. Is the heart normal in size, position and impulse?	Yes	No
ii. Is there any abnormality in the heart sounds and rhythm?	Yes	No
iii. If murmur is present, state whether it is systolic or diastolic, grade and conduction of the murmur.		
iv. Pulse rate:		
v. Describe abnormalities, if any:		
vi. Blood pressure:		
vii. Is the examinee hypertensive?	Yes	No
viii. If on medication, state the nature and duration of the treatment:		
ix. Is there any abnormality of the peripheral arterial or venous circulation such as varicose veins? If yes, please give details:	Yes	No
3d. Nervous System		
i. Is there any evidence of nervous disease such as paralysis, wasting, tumors, involuntary movements etc.? If yes, please give details:	Yes	No
3e. Digestive and Lymphatic System		
i. Is there any abnormality of tongue, mouth or throat? If yes, please give details:	Yes	No
ii. Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? If yes, give details:	Yes	No
iii. Is there any abnormality of lymph nodes in the neck, axillae or inguinal regions? If yes, please give details:	Yes	No
iv. Is a hernia present? If yes, please give details:	Yes	No
3f. Genitourinary System		
i. Is there any evidence of abnormality of the Genito-urinary system? If yes, please give details:	Yes	No
ii. Female: Is the proposer pregnant? If yes, please give expected date of delivery: _____	Yes	No
iii. Male: Do you have urgency, increase frequency, and incomplete evacuation of bladder? If yes, please give details:	Yes	No
3g. Musculo-Skeletal system and skin		
i. Is there any abnormality of the form or function of the joints? If yes, please give details:	Yes	No
ii. Is there any abnormality of the muscles or connective tissues? If yes, please give details:	Yes	No
iii. Is there any abnormality of the back or neck including the cervical and lumbar spine? If yes, please give details:	Yes	No
iv. Is there evidence of any disorder of the skin? If yes, please give details:	Yes	No



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཆོད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

4. Operation and other details		
i. Is there any evidence of any operation, accident or injury?	Yes	No
ii. State the degree of impairment, if any. Give the location, size and condition of scar and nature of operation:		
Summary: Based on the examination and personal history, do you advise any special tests for this client? If yes, mention the tests required:	Yes	No
Do you consider the person examined to be likely to require any surgical operation? If yes, what type of surgical operation?	Yes	No

Do you consider the proposer to be in a good state of health? If not, kindly state the reasons:

I hereby certify that I have this day examined the above life to be assured personally and have recorded in my own hand the true and correct findings.

Signed at Dated on day of month and year

Signature/Thumb impression of the proposer signed in my presence	Seal & Signature of the Medical Examiner		
	Name		
	Address & Mobile No		
	Qualification & BHMC Reg. No		
	Account No & Bank Name		