Proposal No.											
Name of FA/BM/AGM/DGM (Who Introduce):											
Code No:											



**Akij Takaful Life Insurance PLC** Paltan China Town (15th Floor), East Tower, 67/1, Naya Paltan, VIP Road, Dhaka-1000.

## MEDICAL EXAMINER'S CONFIDENTIAL REPORT

## **INSTRUCTIONS TO THE MEDICAL EXAMINER:**

- 1. When an examination is begun the report there of becomes the property of the Company and must not be suppressed or destroyed regardless of your recommendation and regardless of whether the proposed insured or any other person offers to pay the medical fee in order to avoid a declination.
- 2. An Examiner must confirm the Proposed Insured in presence physically.
- 3. An Examiner is not permitted to examine his relatives or applicants of a Financial Associate who is a

4. 5. 6.	5. Tick ( <b>V</b> ) the appropriate box and brief details where needed									
	Full Name of Proposed Insured:									
	Date of Birth/Age: Sex :									
SL. No	QU	ESTIONNAIRE		YES	NO	COI	MMENTS			
1	Have you ever seen before?  If <b>YES</b> , when and why?  If NOT, do you know the seen when a s			32		>				
2	Is the Proposer Currently Under any Medical Treatment/Sufferings from any Diseases/Any Medication?									
3.	GENERAL APPEARANC	CES		YES	NO	COMMENTS				
а	Height (In Shoes)ftinch ORcm	Weight (Clothed)lbs. ORkg	Ch (Full Ins	inc	ch	Chest           (Forced Expiration)          inch           OR	Abdomen at Umbilicusinch ORcm			
b	Healthy, looks declare	d age?								
С	Morphological type?									
d	Are there any malformations or mutilations?									
4	NECK			YES	NO	COMMENTS				
	Is there Evidence of Go	oiter?								

5	RESPIRATORY SYSTEM	YES	NO	COMMENTS
а	Previous History?			
b	Are There Signs of Decreased Chest Expansion?			
С	Are There Signs of Abnormal Dullness to Percussion?			
d	Are There Abnormal Auscultatory Signs?			
е	Is the Voice Normal?			
6	CARDIOVASCULAR SYSTEM	YES	NO	COMMENTS
а	Previous History?			
b	Is the Heart Enlarged?			
С	Are the Heart Sounds Normal?	1		
	(Intensity, Splitting, Etc.)	CHI	100	
d	Are There Any Cardiac Murmurs?		A.C.	Systolic Intensity: Diastolic
	i. Does the Murmur Seem to Be Pathological?			\C.
	ii. Does the Murmur Irradiate?			200
	Where Is Its Maximal Intensity?			<u></u>
е	Does the Abdominal Aorta Seem Dilated?			6
f	Are the Peripheral Pulses All Present and Symmetrical?			K!
g	Are There Any Arterial Murmurs in The Cervical and Femoral Regions?			E
	Please record <b>03</b> readings taken at intervals of at lea a) First reading is over <b>140</b> systolic or <b>90</b> diastolic, <b>or</b> b) There is a history of <b>Hypertension</b> .  Systolic		nutes 2	in either of the following circumstances  3
	Diastolic			
	ii. Pulse Rate:			
7				
а	GASTROINTESTINAL SYSTEM	YES	NO	COMMENTS
	Previous History?	YES		NO. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?	YES		COMMENTS
b c	Previous History?  Are There Any Abnormalities of The Mouth, Tongue,	YES		Access to the control of
	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on	YES		NO. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on Palpation?	YES		Degree Consistency: Degree
c d	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on Palpation?  Hepatomegaly?	YES		Degree Consistency:
c d	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on Palpation?  Hepatomegaly?  Splenomegaly?  Are There Any Abnormalities of The Hernia Orifices?  Are There Signs of Haemorrhoids, Previous Melaena Or	YES		Degree Consistency: Degree
c d e	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on Palpation?  Hepatomegaly?  Splenomegaly?  Are There Any Abnormalities of The Hernia Orifices?	YES		Degree Consistency: Degree
c d e f g	Previous History?  Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?  Are There Any Abnormalities of The Abdomen on Palpation?  Hepatomegaly?  Splenomegaly?  Are There Any Abnormalities of The Hernia Orifices?  Are There Signs of Haemorrhoids, Previous Melaena Or Rectal Bleeding?	In	SU	Degree Consistency: Degree Consistency:

	For Men:					
b	Are There Any Signs of Disease of The Genital Organs,					
С	(Testes, Epididymis, Prostate)? Is there Gynecomastia?			-		
	For Women:				$\dashv$	
d	Are There Any Signs of Disease of The Genital Organs?				$\exists$	
e	Are There Any Abnormalities of The Breasts?			-		
f	Is She Pregnant?			If 'Yes' How for advanced?		
9	CENTRAL NERVOUS SYSTEM	YES	NO	COMMENTS		
а	Previous History?					
b	Sequelae	LILLY	las.			
С	Are the Papillary, Abdominal or Tendon Reflexes Abnormal?			67		
d	Are There Any Signs of Autonomic Nervous Dysfunction?					
е	Are There Any Psychiatric or Neurological Abnormalities?			6		
10	SKIN AND TEGUMENTS	YES	NO	COMMENTS		
	Are there any signs of:			- 6		
а	Jaundice or Cyanosis?	150			_	
b	Skin Eruption, Cyst, Tumor, Varicosities or Edema?	12				
С	Lymphadenopathy?	3/-				
d	Scars or Tattoos?					
е	Tophi or Xanthomata?					
11	SKELETAL SYSTEM	YES	NO	COMMENTS		
	Are there any abnormalities of the bones, joints or intervertebral discs?					
12	SENSORY ORGANS	YES	NO	COMMENTS		
а	Is there any Disease of the Eyes?		. 10	DIC PLANT		
b	Visual Acuity:		SH	R L		
		Befo	re Cor	orrection /10 /10		
		Afte	r Corre	rection /10 /10		
С	Is there any Disease of the Ears?					
13	OTHERS	YES	NO	COMMENTS		
а	Are There Any Stigmata of Alcohol, Tobacco, or Drug Abuse?					
b	<b>Family History:</b> Have any Members of Proposed Insured Family (Parents/Siblings) suffered from: Tuberculosis, Diabetes, Cancer, High Blood Pressure, Heart or Kidney Disease, Mental Illness or Suicide?			Which Disease?		

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c Are There Any Repercussions of The Proposer's Professional or Social Activities on The General State								
of Heath?								
14				NO	COMMENTS			
а	a Do You Know or Suspect Anything Adverse About							
	Proposed Insured's Health, Character, Mentality,							
b	Habits or Morals Not Other Wise C Are There Any Risks of Invalidity							
	Disability?	or randar or rotal						
С	The Proposer's State of Health Is C	onsidered to Be:		GOOD	)	□ AVERAGE	☐ POOR	
	SPECIAL COM	IMENTS OR SUGGEST	IONS C	F THE	EXAMII	VING PHYSICIAN		
		I confirm that I have and have recorded	asked	the qu	estions			
		further confirm that	t I have	made	this exa	mination in privat	e at (place)	
	Date							
		atam/p				- Di		
	Signature of Physician:							
		Name of Physician:						
		BMDC Reg. No:						
		Stamp/Seal :						
Si	gnature of the Proposed Insured		_ 0				0	
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	Anij Janai	MER CREDIT \	/OUCI	HER	ı a	100 11	-6	
Prop	osal No:	Medical E	xamir	nation	Date:			
	Name of Proposed Insured:							
	e of FA/BM/AGM/DGM (Who							
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					IVI	_ Coue		
Stan	np/Seal:							