



Mercantile Islami Life Insurance Limited

Al-Razi Complex (14th Floor) 166-167, Purana Paltan, Dhaka-1000

FULL MEDICAL REPORT

PERSONAL STATEMENT OF THE PROPOSED ASSURED

| | |
|--|---|
| <p>1. a) Name In Full: (In Block Letters) b) Father's Name: c) Occupation: d) Age nearest Birthday: e) Married/Single/Widower/Window: f) Address :</p> | <p>4. a) Is there Any Hereditary Disease such as Epilepsy, Insanity, Rheumatism, Heart disease, Diabetes, Asthma, Cancer, Leprosy, High Blood Pressure or any Other Hereditary Disease either on the paternal or maternal side? b) Do you live with a patient of infections disease or lived during last five years? If so, give details:</p> |
| <p>2. a) Are you in good health now? b) Have you recently gained or lost weight:</p> | <p>5. a) Are you in the habit of taking alcohol or any other intoxicating drugs? If so how much a day? b) Do you smoke cigarettes? If so, for how long? How many times a day?</p> |
| <p>3. a) Did you suffer from any disease in the past or suffering from any disease now? b) Name and address of the attending physician:</p> | <p>6. a) Had you been to any Hospital or Clinic for treatment? If so, state when, why and for how long? b) Have you ever had an E.C.G. or X-ray or any other Test for any kind of disease? If so, please state reasons with date. Also state name and address of Doctor.</p> |
| <p>7. FOR FEMALE:</p> <p>a) Are you pregnant? If so, when do you expect confinement? b) Were the children birth normal? c) Have you suffered or do you suffer from any disease of the uterus or the breast. If so, give details: d) When was your last menstruation?</p> | |

"FAMILY HISTORY"

8. Give details of each member of your family:

| Relation | If Living | | If Dead | | |
|--------------|-------------|-----------------|--------------|----------------|---------------|
| | Age (Years) | State of Health | Age at Death | Cause of Death | Year of Death |
| Father | | | | | |
| Mother | | | | | |
| Brother | | | | | |
| Sister | | | | | |
| Wife/Husband | | | | | |
| Son | | | | | |
| Daughter | | | | | |

"DECLARATION"

I the undersigned do hereby declare that all the answers to each and every question are true to the best of my knowledge and belief. I perfectly in good health at present and I did not conceal any material fact/truth about state of my health in the past and also at present in my foregoing statement. I do hereby agree that all the declaration made by me above and all the information given by me on the proposal for life insurance shall be the basis of contract between me and Mercantile Islami Life Insurance Limited I further declare that if any false statement be contained in the application for the insurance and the statement herein above, the proposed life insurance contract shall stand void and the premium paid shall be forfeited by Mercantile Islami Life Insurance Limited.

I hereby authorize any hospital, physician, surgeon or any other person who has attended me or may attend in future to give Mercantile Islami Life Insurance Limited. All knowledge and information regarding my physical and mental state of health.

Dated at:.....on this.....day of.....202

I do hereby certify that the above questions were put to the proponent and his/her answers were recorded by me and he/she signed in my presence:

.....
Signature of the Medical Examiner:

.....
Signature of the person whose life is proposed to be assured

N.B.: The proposer /policyholder and the examining doctor have to sign with the same ink.

REPORT OF THE MEDICAL EXAMINER

(Mention details)

| | |
|---|-----------------------------------|
| 1. If the Proposer or Policyholder is not personally known to you who introduced him/her to you. | |
| 2. Describe his/her identification marks | |
| 3. a) Is the age of the applicant by appearance in your opinion the same as stated in the proposal? | |
| b) Are there any defect or deformity including eye sight and hearing? If so, describe: | |
| c) Are there any Enlarged Glands, Tumours or any evidence of skin disease? If so, describe: | |
| 4. | FOR FEMALE: |
| a) Height: Ft Ins. | a) Is the applicant pregnant? |
| b) Weight: Kg/lbs | b) If pregnant, its duration..... |
| c) Chest on full inspiration: Ins. | c) Is there any female disease? |
| d) Chest normal inspiration: Ins. | |
| e) Abdomen at Umbilical Level: Ins. | |
| 5. a) Do you find the heart normal after careful examination? If there is any abnormality in the heart write clearly. | |
| b) Is there any symptom of impaired cardiac efficiency including breathlessness and adema? | |
| c) Please state rate and character of pulse | |
| d) Is there any sclerosis in the arteries? | |
| e) State blood pressure: | Systolic: Diastolic : |
| 6. a) Are the stomach, intestines or other abdominal viscera healthy & normal? | |
| b) Are the condition of teeth, gums and tonsils healthy? | |
| c) Is the liver or spleen enlarged? | |
| 7. a) Is the chest well formed & all portions are normal? Does the chest expand or squeeze while breathing in & out? | |
| d) DO you consider lungs healthy? | |
| 8. Do you think any other point not covered by above questions? If so, describe: | |
| 9. From physical examination and family history of the applicant do you consider a fair chance of longevity and do you consider his/her to be a first class life? | |

I certify that I carefully examined the applicant name on the reverse in private and completed the form according.

Examined at:

Full Name:

Date:

Medical Degree & Year:

Signature of examiner:

Code No:

Present Address:

Registration No: