

MEDICAL EXAMINATION REPORT

TURKEY

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

PERSONAL HISTORY

Statements to be made by the Life to be examined

1. Name in full	<input type="text"/>		
Occupation	<input type="text"/>		
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	Marital Status (Single/Married/Divorced/ Separated/Widowed)	<input type="text"/>

If you answer 'YES' to any of these questions, please give full details below, including dates and durations.

2. a) Are you at present under medical care or receiving treatment? Yes No
- b) Are you currently taking medication (prescribed or not), injections or on any special diet? Yes No

3. Have you ever suffered from
- a) Fits, fainting, giddiness or any mental or nervous disorder? Yes No
- b) Asthma, bronchitis, pneumonia or other disorder of the lungs? Yes No
- c) Rheumatism, rheumatic fever, arthritis or other disorder of joints and muscles? Yes No
- d) Chest pains, shortness of breath, palpitations, high blood pressure, or other disorder of the heart or circulation? Yes No

- e) Indigestion, peptic ulcer, diarrhoea or any intestinal complaint, hepatitis or other liver disorder or diabetes? Yes No
- f) Kidney, bladder or other genito-urinary disease? Yes No
- g) Any injury, operation, physical defect or deformity? Yes No
- h) Any other illness not mentioned above? Yes No

4. a) Have you been a patient at a hospital, nursing home or special clinic? Yes No
- b) Have you had an X-ray, ECG, tests, including blood tests, or other investigations? Yes No

If so, give reasons, dates and results.

5. Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? Yes No

If yes, please provide details.

6. Have you been resident or travelled outside your country of residence for more than 2 months in the last 5 years? Yes No

7. Have you ever taken drugs other than prescribed by any doctor? Yes No

8. a) What is your average consumption of alcohol? Daily Weekly
- b) If an abstainer, how long have you been so?
- c) How much do you smoke per day?
Cigarettes? Cigars? Pipe?
- d) If you have given up smoking, when did you stop, and was it on medical advice?

9. **Family History**

	IF LIVING AGE	STATE OF HEALTH	IF DEAD AGE AT DEATH	CAUSE OF DEATH
Father				
Mother				
Brother(s)				
Sister(s)				

I declare that to the best of my knowledge and belief the answers to the above questions are true and complete.

I confirm that I have checked and found correct any answers that are not in my handwriting.

Life Assured

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

CONFIDENTIAL REPORT

To be completed by the examining doctor.
If 'YES' please give full details with any ascertainable cause (where applicable).

1. Have you ever seen the proposed Life professionally before Yes No

If yes, we would appreciate if you could review your records to confirm that all items of the proposed Life's physical history have been declared overleaf

- Are you in any way related to the proposed Life? Yes No

2. **General description**

- a) Please describe the general appearance and build

- b) Is the appearance inconsistent with stated age? Yes No

- c) Are there any signs of any past or present over-indulgence in alcohol, tobacco or any irregular living? Yes No

- d) Is there any enlargement of the lymph nodes or thyroid glands? Yes No

- e) Are there any scars of material significance? Yes No

3. **Measurements (to be taken in indoor clothing)**

Height ft/m ins./cm

Weight st/kg lb

Girth

- Has weight varied in the past year? Yes No

Chest Insp. Exp. Abdomen

If 'YES' please state amount of loss or gain

4. **Cardiovascular system and blood pressure**

- a) Does the heart appear to be enlarged? If 'YES' do you consider this to be slight, moderate or marked? Yes No
- b) Is there any abnormality of the heart sounds or irregularity of rhythm?
If a murmur is detected, please give timing, point of maximum intensity, direction of conduction, character and loudness and if affected by exercise, posture or breathing and state if in your opinion it is functional or organic in origin. Yes No
- c) Is there any abnormality of the leg pulses?
If arterial degeneration is suspected, please report on the optic fundi. Yes No
- d) Are there any varicose veins? Yes No
- e) Blood pressure: Please record opposite and take 2 further readings if the first reading exceeds 140/95 (4th phase) or 140/90 (5th phase) or if the pulse rate is abnormal.

SYSTOLIC	DIASTOLIC		PULSE
	4 TH PHASE	5 TH PHASE	

5. **Respiratory system**

- a) Is there any abnormality in the shape and development of the chest? Yes No
- b) Are there any abnormal physical signs in the lungs? Yes No
- c) In the event of any history of chest disorder or any abnormality on examination, please include PFR. Yes No

6. **Genito-urinary**

- a) Does the urine contain
- i) Albumin Yes No
- ii) Sugar Yes No
- iii) Other abnormalities? Yes No

b) Is there any evidence of genito-urinary disease? Yes No

c) Is there any evidence of any prostatic abnormality? Yes No

7. **Abdomen**

a) Is there any abdominal tenderness, enlargement of liver or spleen or other palpable abnormality? Yes No

b) Is a hernia present? Yes No

8. **Nervous system**

a) Are there any signs of disease in the central nervous system? Yes No

b) Is there anything to suggest a tendency to psychiatric disorders? Yes No

9. **Organs of special sense**

Is there any abnormality of the eyes, ears or tongue? Yes No

10. **Musculo-Skeletal System**

Is there any muscular or bony abnormality, or impairment of spinal or joint function? Yes No

11. Is there anything which in your opinion calls for further comments? Yes No

**SIGNATURE AND
QUALIFICATION**

Date

d	d	m	m	y	y	y	y
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Place

Please give your name and initials in capitals.
Print name for cheque to be made payable.

A WEALTH *of* DIFFERENCE

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