

This form allows the Medical Examiner to confirm the Identity of the Proposed Life Assured, and informs the Medical Examiner of the tests and/or procedures that must be undertaken as part of each respective Proposal.

**This form must be signed by both the Proposed Life Assured and the Medical Practitioner performing the Medical Assessment.**

Application Reference Number

**Proposed Life Assured**

Given Name(s)

Family Name

Identity/Passport Number

Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender  Male  Female

Signature  Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Tests Required**

(Please tick ONLY those tests and/or procedures requested by Unilife)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> HIV 1 and 2                     | <input type="checkbox"/> Gamma GT Test                        | <input type="checkbox"/> Prostatic Specific Antigen Test |
| <input type="checkbox"/> Cotinine Test *                 | <input type="checkbox"/> Liver Function Tests (GGT, AST, ALT) | <input type="checkbox"/> Urea and Creatinine             |
| <input type="checkbox"/> Short Medical Examination       | <input type="checkbox"/> HbA1c                                | <input type="checkbox"/> Full Blood Count                |
| <input type="checkbox"/> Full Medical Examination        | <input type="checkbox"/> HBsAg                                | <input type="checkbox"/> GP Medical History Report ‡     |
| <input type="checkbox"/> Microscopic Chemical Urinalysis | <input type="checkbox"/> Rest and Effort ECG                  | <input type="checkbox"/> Chest X-ray §                   |
| <input type="checkbox"/> Cholesterol and HDL             |   |  |
| <input type="checkbox"/> Other (Please specify)          | <input type="text"/>  |  |

The Proposed Life Assured **does**  **does not**  want to see the medical report before it is released to Unilife.

I confirm that I have verified the Identity of the Proposed Life Assured named above by means of Photo ID.

Signature of Medical Practitioner  Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

\* The Cotinine Test is for declared non-smokers only.  
 § The Chest X-ray is for declared smokers only.  
 ‡ GP Medical History Report – the life assured’s regular GP or Family Doctor should complete a Private Medical Attendant’s Report (PMAR) summarising their medical history.

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: [administration@unihealthandlife.com](mailto:administration@unihealthandlife.com)

