



Application Reference Number

Particulars of Life Insured

This section must be completed by the Intermediary or the Life Insured.

First Name(s)

Last Name

Identity No./Passport No.

Date of birth

Address

Signature

Particulars of Medical Examiner

This section must be completed by the Medical Examiner.

First Name(s)

Last Name

Telephone

Email

Qualifications

Date of procedure/examination/questionnaire

Are you the Life Insured's usual medical practitioner?

Yes

No

I confirm that I have conducted this examination in my surgery by myself and that photographic identity was supplied.

Signature of Examiner

Particulars of Life Insured

Please send this confidential report to administration@unihealthandlife.com or by hard copy to your nearest Unilife office (please refer to our website) in a sealed envelope. This form and its contents must be treated as a matter for the strictest confidentiality. In order to avoid any embarrassment, the results of this examination are not to be disclosed to the applicant or any other unauthorised person. If, following investigation, any form of treatment is required urgently, then please refer the applicant to his or her personal medical attendant. Please do not arrange for further additional examinations unless prior consent is obtained from the Company.

Important: The Proposer/Life Insured has requested that you provide us with (and has authorised us to obtain) this information from you. The Proposer/Life Insured in addition has authorised us to share this information with other life offices, either directly or through the Life Office Association (LOA). This will be done for the purposes of underwriting and/or claims assessment. Under the terms of the LOA protocol, the Proposer/Life Insured may enquire about information held by the LOA. Such information will be made available to him/her by his/her nominated medical practitioner.

1. Build and physical condition

1.1 Height (without shoes)	m	1.1 Weight (in clothes)	kg
1.3 Chest measurement: Inspiration	cm	1.3.1.4 Abdomen: Expiration	cm

(Please note: not necessary for female clients.)

State your impression of the general appearance of the applicant. (E.g. flabby, thin, muscular, pale, flushed, anaemic, etc.)

2. Cardiovascular system

2.1 Blood pressure (Exact reading to be given.)	Systolic	mm. Hg	Diastolic	mm. Hg
2.2 If blood pressure is above 140/90, please take a second reading, preferably at the end of the examination.	Systolic	mm. Hg	Diastolic	mm. Hg

If present, please state the quantity.

3. Genito-Urinary system

(Urine examination specimen must be voided in surgery.)

3.1 Is protein present?	Yes	No	3.2 Is glucose present?	Yes	No
3.3 Is blood present?	Yes	No	3.4 Is there any other abnormal finding?	Yes	No

If present, please state the quantity.

Laboratory tests

If any specimens have been taken and sent to a laboratory, please state the name of the laboratory to which it was sent.

Note for the applicant: This form constitutes part of your application. If you require any further details, please ask your financial adviser. Alternatively you can contact your nearest Unilife office, details of which are available via our website, or get in touch using our email address: info@ses-zambia.com