INTERNACIONAL DE SEGUROS, S.A.

The medical examiner will prevent anyone from attending the medical examination and will make sure that all answers are clear and complete. Incomplete or vague medical reports will not be valid. Reports shall be returned to the Company in closed envelopes.
For obvious reasons, examinations carried out on Applicants by physicians who are family members shall no longer be refunded as they are valueless.

Medical examination report

Medical examination report by Doctor

……

Resident in …….. Province ……

Life to be insured Mr/Mrs/Ms……

(surname) (name)

born in…… on ……

Domiciled at ……

Identity document …… Number ……

Please write your answers clearly to all the questions

A - Statements on the personal history of the Insured, to be put by the appointed doctor.

Family history
Please fill in the following table highlighting in particular if there is any family history (including kin) of malignant tumours, heart diseases, stroke, hypertension, gout, dislipidemie, diabetes, tuberculosis, alcohol addiction, suicide, epilepsy or any other nervous, mental or hereditary disorder. If so, please give particulars.

Family members	Living		Dead			
	Age if living	Current diseases and significant diseases in the past	Age at Death	Year of Death	Significant diseases while alive	Causes of Death
Father						
Mother						
Brothers						
(number)						
Sisters						
(number)						
Other kin (specify degree of relationship)						

Previous diseases. So far as you know have you ever had and/or been treated for and/or been told you had any disease or disturbance of (answer "no" or "yes" and give complete details, specifying the type, the dates, the length of the disease, the treatment, the result and relapses if any):	NO	YES	DETAILS
1. **Diseases of the respiratory system**, such as tuberculosis, pleurisy, bronchitis, pneumonia, asthma, emphysema or other?	□	□	1.
2. **Diseases of the heart and circulatory system**, such as congenital malformations, ischaemic heart disease, valvulopathies (or murmurs), arrhythmias, myocardial or pericardial diseases, arterial hypertension, heart failure, arterial or venous diseases or other affections?	□	□	2.
3. **Diseases of the digestive system,** such as oesophagus diseases, gastric or duodenal ulcer, gastroduodenitis, gastrointestinal haemorrhage, ulcerative colitis, polyps, haemorrhoids, inflammatory chronic diseases of the bowel, affections of the liver, of the biliary tree, of the pancreas, or others?	□	□	3.
4. **Diseases of the genitourinary system**, such as affections of the kidneys, ureter, bladder or other?	□	□	4.
5. **Nervous system or mental diseases**, such as epilepsy, paralysis, mental disorders, depression, suicide attempts, alcoholism, anxiety, migraine, multiple sclerosis, meningitis, aneurysm, cerebral vascular accident or other?	□	□	5.
6. **Diseases of the endocrine and metabolic system**, such as thyroid disorders, diabetes, obesity, dislipidemie, adrenal alterations, hormonal disorders or other?	□	□	6.
7. **Blood diseases,** such as anaemia, coagulation disorders, affections of the bone marrow or others?	□	□	7.

	NO	YES	DETAILS
8. **Diseases of the immune system, infectious or parasitic diseases,** such as AIDS, HIV, hepatitis, connective tissue diseases, sexually transmitted diseases, tropical diseases, amebiasis, malaria or other?	□	□	8.
Have you recently been in tropical countries? Where?	□	□	
9. **Diseases of the musculo-skeletal system** such as diseases of the bones, joints, spine, meniscus, muscles, ligaments, tendons or other?	□	□	9.
10. **Diseases of the eyes**, such as glaucoma, diseases of the retina, cataract or other?	□	□	10.
11. Any **disease of the hearing**, such as hearing loss, ear inflammation and any disorder of the balance or other?	□	□	11.
12. Any **disease of the nose, throat or mouth?**	□	□	12.
13. Any **disease of the skin,** such as eczema, allergies, dermatitis, psoriasis, tumefactions, skin tumour or other?	□	□	13.
14. Any malignant or benign **tumour**?	□	□	14.
15. Have you undergone any X-ray therapy or chemiotherapy?	□	□	15.
16. Any **unknown** infection, inflammation or limph node swelling?	□	□	16.
17. Any kind of fever?	□	□	17.
18. Persistent night sweat?	□	□	18.
19. Hernias?	□	□	19.
20. Accidents or consequences of accidents? When? Please write down consequences (if any).	□	□	20.
21. Are you currently taking drugs? Which? How much? For how long?	□	□	21.
22. Have you taken drugs in the past? Which type?	□	□	22.
23. Have you ever undergone special examinations, laboratory tests, radiological investigations, ultrasounds, electrocardiogram which revealed abnormalities? If so, please give details.	□	□	23.
24. Have you ever undergone endoscopies, angiographies, electroencephalogram or other diagnostic investigation not indicated above? When? For what reason? With what result?	□	□	24.
25. Have you ever been hospitalised in a hospital, clinic, sanatorium, etc.? Have you undergone any surgical operations or invasive procedures? If so, please indicate which, the date and the result.	□	□	25.
26. In the last five years have you been treated or advised by: - Psychotherapists (e.g. psychiatrists, psychologists) - chiropractors, physiotherapists - acupuncturists	□	□	26.
27. Have you ever received or are you currently receiving any form of compensation for disablement or have you applied for it? Please write down the cause and the degree of disability.	□	□	27.
28. Has there been any loss or gain in weight in the last 2 years? If so, please say how much and indicate the possible cause.	□	□	28.
29. Have you ever received any blood transfusion or blood substitute? When? For what reasons?	□	□	29.
Have you ever been prevented from donating blood? If so, why?	□	□	
30. Have you ever had a test showing that you are HIV positive?	□	□	30.
31. In the last 5 years have you been away from work for longer than three consecutive weeks or for more than 90 days in one year due to sickness or accident? When, why, for how long?	□	□	31.
32. Are you expecting to be hospitalised or to undergo any surgical operation? If so, for what disorder?	□	□	32.
33. Who is your habitual doctor? (please write doctor's name and address)			33.
Have you seen other doctors or therapists in the last five years? For what reasons? When?	□	□	
Males			
34. Have you ever had any problem or inflammation/dysfunction of the prostate gland or testicles?	no □	yes □	34.
35. Do you undergo regular prostate check-ups (examination, PSA, etc.)? With what result?	yes □	no □	35.
Females.			
36. Have you always had regular menses?	yes □	no □	36.
Accompanied by any complaints? What kind?	no □	yes □	
37. Have you had haemorrhage apart from normal menstrual cycle?	no □	yes □	37.
38. Number of previous pregnancies, their course			38.
39. Were deliveries and puerperiums normal?	yes □	no □	39.
40. Did you have any premature delivery or abortion?	no □	yes □	40.
41. Are you pregnant? How long have you been pregnant?	no □	yes □	41.
Has the course of pregnancy been normal so far?	yes □	no □	
Is any complication expected? If so, please indicate diagnosis.	no □	yes □	
42. Do you have any disease of the breast, ovaries, uterus, or external genital organs?	no □	yes □	42.
43. Are you taking any contraceptive? Which?	no □	yes □	43.
44. Are you in the menopause? Since when?	no □	yes □	44.
Is it physiological?	yes □	no □	
45. Do you regularly undergo check-ups such as pap-tests, mammographies or other? With what result?	yes □	no □	45.

Lifestyle.		
46. What is your present job? (please indicate also any part-time job)		46.
47. What was your profession or job in the past?		47.
48. Did you have to change professions or jobs because of health reasons?	no □ yes □	48.
49. Do you practice any sport? What? At what level (amateur, professional)?	no □ yes □	49. amateur □ professional □
50. Do you regularly drink alcohol? How many units of alcohol do you normally drink each day? (1 unit = ½ pint of beer/lager, 1 standard glass of wine, 1 pub measure of spirit)	no □ yes □	50. beer/lager …….. wine …….. spirit ……
51. If you do not drink now, did you drink on a regular basis in the past? How much? For how long?	no □ yes □	51. beer/lager …….. wine …….. spirit ……
52. Do you smoke? Do you chew tobacco? If so, how much per day?	no □ yes □	52. cigarette …….. cigar …….. pipe …….. chew tobacco ……
Were you a smoker? Of what? For how long? When did you give up? For which reason did you give up?	no □ yes □	cigarette …….. cigar …….. pipe …….. chew tobacco ……
53. Have you ever taken or are you currently taking illegal drugs? If so, please specify what drugs, for how long you have been taking them or when you gave up.	no □ yes □	53.
Insurance background.		
54. Has a proposal for assurance on your life ever been declined, deferred, withdrawn or discouraged, or accepted with an extramortality? If so, please give particulars.	no □ yes □	54.
55. Please indicate any disorders or illnesses, deformities or problems that are not explicitly mentioned above.	55.	

DECLARATION OF THE APPLICANT

I hereby declare that I have read the above answers and that they tally with the answers given by me.
I also declare that to the best of my knowledge and belief all the above information and answers are true, exact and complete and that I have not concealed, omitted or altered any significant circumstance or information about my present and past state of health or my lifestyle. I am aware that the data and information requested are fundamental and necessary for the insurance company to assess the risk.
I herewith authorise any doctor whom I consulted or will consult, both before and after signing this questionnaire, as well as any hospital, clinic, nursery home, body or institution, public and private,in possession of medical information on my person, that the Company might see, also after the event has happened, to release any relevant information, report or document.
I also consent to the Company providing information about me to other individuals or institutions for technical, statistical, insurance or reinsurance reasons.

Signature and stamp of the Medical Examiner ……

Signature of Applicant (in the doctor's presence) …….. **…….**
(place and date)

B – Medical examiner's declaration.		
56. What personal and professional knowledge have you of the Applicant? Please give details.	no □ yes □	56.
C- Current state of health of the Applicant		
General conditions.		
57. Gait and general appearance (normal, athletic, obese, slight, thin, straight, stooping)		57.
Are there congenital or growth anomalies?	no □ yes □	
58. Is the colour of skin and visible mucosa normal?	yes □ no □	58.
59. Is there any skin affection? What kind?	no □ yes □	59.
60. Are there any scars? In what regions? Caused by what lesion?	no □ yes □	60.
61. Is there any suspect naevus?	no □ yes □	61.
62. Panniculus adiposus. Is the weight well distributed?	yes □ no □	62.
63. Is the superficial lymphatic system normal?	yes □ no □	63.
Musculo-skeletal system.		
64. Are muscle masses normal?	yes □ no □	64.
65. Is there any bony abnormality or impairment of joint functions, particularly chest, vertebrae, upper and lower limbs abnormalities, etc? If so, please indicate causes.	no □ yes □	65.
66. Is there full spinal flexion?	yes □ no □	66.
67. Is there any pain on spinal movement?	no □ yes □	67.
68. Are there signs or symptomatology indicative of myopathy?	no □ yes □	68.
69. Conclusions on the Applicant's musculo-skeletal system.		69.

Height (without shoes)	Weight (without clothes)	Circumference of the neck at tyroid level	Measurement of chest at nipple line (both for men and women)		Circumference of abdomen above the navel
			Max. insp.	Max. exp.	
cms……	Kgs……	cms……..…	cms ……..	cms ……	cms……..…

N.B. - The medical examiner is kindly requested to check personally and indicate precisely the somatic measures and the weight.

Face and neck		
70. Is the configuration normal?	yes □ no □	70.
71. Are the thyroid gland conditions normal ? (if it is hypertrophic, please specify its consistency and say if it is old-dated, stationary or progressive)	yes □ no □	71.
Any lymph nodes at palpation?	no □ yes □	
Respiratory system.		
72. Are the oral cavity and the pharynx normal?	yes □ no □	72.
73. Does the Applicant breathe well with his/her mouth closed?	yes □ no □	73.
Is there any affection of the nose?	no □ yes □	
74. Is there any abnormality of the voice? (hoarse, husky, weak)	no □ yes □	74.
75. Is there any partial or total asymmetry on the chest profile?	no □ yes □	75.
76. Is there any abnormality of breath frequency or rhythm?	no □ yes □	76.
77. Is the chest normal to palpation, percussion and auscultation?	yes □ no □	77.
78. Is there any other indication of disorders of the respiratory system?		78.
79. Conclusions on the Applicant's respiratory system	no □ yes □	79.
Heart and circulatory system.		
80. Auscultation of the heart. Is there any change in the heart sounds? (If murmur, please specify where, systolic or diastolic, quality and diffusion)		80. normal □ other □
81. Pulse at rest		81. …….. beats/min
and after five flexions on the kees		…….. beats/min
Regularity of rhythm	yes □ no □	
82. Blood pressure at rest		82. syst …….. diast ……. mmHg
(if the reading is abnormal, another reading should be taken after at least ten minutes)		(syst …….. diast …….. mmHg)
83. Presence of arterial pulses at landmarks of normal wideness and morphology?	yes □ no □	83.
Murmurs?	no □ yes □	
84. Signs of high central venous pressure, of lung crackles, peripheral oedema	no □ yes □	84.
85. Examination of veins (varicose veins, haemorrhoids, etc.). Normal?	yes □ no □	85.
86. Conclusions on the Applicant's heart and circulatory system		86.
Mouth and digestive system.		
87. Conditions of the mouth (tongue, teeth, tonsils, gums)		87. normal □ other □
88. Abdomen inspection and palpation (carefully search if there is any pain on pressure or presence of abnormal masses)		88. normal □ other □
89. Liver examination: is it palpable, sore, hard, bosselated? (If its measurements are abnormal, indicate to what degree)	no □ yes □	89.
90. Limits of the spleen: is there splenomegaly?	no □ yes □	90.
91. Is there a hernia? Is it complicated?	no □ yes □	91.
92. Is there any anal fistula?	no □ yes □	92.
93. Conclusions on the Applicant's the digestive system		93.
Urinary and generative organs.		
94. Is there any reason to suspect the existence of any disease of the kidneys, bladder, urethra?	no □ yes □	94.
Are there any symptoms of urethra narrowing?	no □ yes □	
95. Males: any testicle abnormality, disease of the prostate gland?	no □ yes □	95.
Nervous system, organs of special sense and mental conditions.		
96. Mental conditions		96. normal □ other □
97. Motility: is there any tremor, contracture, paralysis or paresis of muscles, any complaint regarding the erect or walking posture or speech?	yes □ no □	97. normal □ other □
98. Deep reflexes: kneecap, etc	no □ yes □	98.
99. Pupils: shape and symmetry, reaction to light and accommodation		99.
100. Is there any impairment of vision? In the case of severe myopia or hypermetropia, to what degree?	no □ yes □	100.
101. Ear: is there any functional disorder? Giddiness? Othorrea?		101.
102. Conclusions on the Applicant's nervous system, organs of special sense and mental conditions, specifying if there are any behaviour troubles or signs indicative of a psychiatric affection		102.
Females.		
103. Conditions of the breast		103. normal □ other □
104. Does the medical examiner believe that a gynaecological examination is necessary because there are reasons to suspect abnormality of genital organs?	no □ yes □	104.

Result of urine analysis (issued in the doctor's presence)

Colour	Appearance	Odour	Reaction	Specific weight at 15°	Albumin Glucose What tests did you use?	Other abnormality

Microscopic analysis of the sediment……..

Conclusions on urine analysis ……

105. Did you find any affection other than those mentioned above? If so, please give details.	no □ yes □	105.
Conclusions 106. Considering all the data, what is the diagnosis of the medical examiner? 107. Are further exams needed for the correct valuation of the health conditions of the Applicant? If so, which? 108. If the HIV test is not required by the insurance company, do you think that it would be in any case advisable on the basis of the anamnestic declarations and your findings?	106. 107. no □ yes □ 108. no □ yes □ If yes, why?	

FURTHER INFORMATION AND REMARKS ……

……

……

I, the undersigned, declare that I have collected all the medical information on the Applicant and carried out an objective examination of Mr./Ms. …… ……with diligence and accuracy. I hereby agree not to disclose the examination results and diagnosis. This report shall be put in a closed envelope with my signature on it and handed to the agent who will send it to the Head Office…….. ……

The medical examination was carried out in …… on……..
At (time)……in……
(Hospital, clinic, domicile of the Applicant, etc.)

Reserved information about the Applicant acquired in any way by the doctor:
……

……

Domicile…… ……

……
(signature and stamp of the medical examiner)