



**7. Abdomen**

(a) Is there any evidence of enlargement of liver or spleen? If so, state its degree. \_\_\_\_\_  
 (b) Is there any lump or tenderness of free fluid, or any abnormality in abdomen or any abnormality of pelvis? \_\_\_\_\_  
 (c) Is there any evidence of pile or fistula? \_\_\_\_\_

**8. Genito-Urinary System**

(a) Urine - (The sample of urine must be passed under such circumstances as to preclude the possibility of substitution) \_\_\_\_\_  
 (b) Is there any evidence of past or present venereal disease? .. \_\_\_\_\_  
 (c) Is hernis present? If so, state side, type, size, reducible or not whether a properly fitting truss is worn & history of strangulation. \_\_\_\_\_  
 (d) (i) Are the testis normal in location, size and consistency? \_\_\_\_\_  
 (ii) If hydrocele is present, state side and give maximum horizontal circumference of whole scrotum. \_\_\_\_\_

**9. Nervous System**

(a) Is there any evidence of nervous disease, such as paralysis, epilepsy, wasting, tremors, involuntary movements etc? .. \_\_\_\_\_  
 (b) Are the knee jerks and pupil reflexes normal? ... \_\_\_\_\_

**10. Operation and other details**

(a) Is there any evidence of any operation, accident or injury? State the degree of impairment, if any. Give the location, size and condition of scar and nature of operation. \_\_\_\_\_  
 (b) Has he ever undergone any ECG, X-Ray, Screening, Blood, Urine or Stool examinations? If so, ascertain nature of test, date, reason and result. .. \_\_\_\_\_  
 (c) Is there personal history of :- (see instruction No. (iii) )  
 (i) Asthma, bronchitis, tuberculosis or any other disease of lungs? \_\_\_\_\_  
 (ii) High blood pressure, pain in the chest or any heart complaint? \_\_\_\_\_  
 (iii) Diabetes, cancer, or tumor of any type; kidney disease? .. \_\_\_\_\_  
 (iv) Gastric or duodenal ulcer, colitis or liver trouble? .. \_\_\_\_\_

10 (c) If answer is 'yes' give following details.  
 Nature of ailment \_\_\_\_\_  
 Date & duration \_\_\_\_\_  
 Names & addresses of hospital & Doctors consulted \_\_\_\_\_

**11. For Female Applicants only**

(a) Is there any disease of the breasts? .. \_\_\_\_\_  
 (b) Is there evidence of pregnancy? .. \_\_\_\_\_  
 (c) Do you suspect any disease of uterus, cervix or ovaries? \_\_\_\_\_  
 (d) Is there any weakness or injury resulting from childbearing or miscarriage? .. \_\_\_\_\_

**12.** (a) Have you carried out ECG or any other special examination such as heart report etc. alongwith this examination? If so, give details. \_\_\_\_\_  
 (b) Do you suspect any advesre feature of past history or habits or existence of any other disease or any other complaint not noted above? \_\_\_\_\_  
 (c) Do you consider the life to be first class? If not, state the reasons. \_\_\_\_\_

I hereby certify that I have this day examined the above Life to be assured personally in private and have recorded in my own hand the true and correct findings. I declare I am not related to the life assured, agent or development officer.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

<p><i>Signature of the Life Proposed</i> <i>Signed in my presence</i></p>
<p><i>Signature of the Medical Examiner</i></p>

\_\_\_\_\_  
*Signature of the Medical Examiner*

Qualifications \_\_\_\_\_ Code No. \_\_\_\_\_

Name & Address \_\_\_\_\_