Hollard.

HEART CHART BY PHYSICIAN SPECIALIST FORM

(To be completed by both the life insured and the medical attendant)

Policy details									
Policy no.	ID no.								
Name of insured									
Tel no.	Cell no.								
E-mail									
Postal address									
~									
Have you, or have you ever had any of the following? If yes, give full details in the schedule below.									
1. High Blood Press	ure?								
2. Rheumatic Fever	tic Fever?								
3. Palpitations, irregularity of heart beat, faintness or shortness of breath?									
4. Heart murmur or other affection of the heart or circulatory system?									
5. Cramps in the calves on exercise/walking or any other symptoms of reduced blood supply to the legs?									
6. Pain in the chest, actual or suspected angina pectoris, coronary spasm or coronary thrombosis?									
7. Have you ever had an electrocardiograph or echocardiogram done? If YES, please state:									
(a) For what rea	son?								
(b) By whom?									
(c) When?									
(d) Result									
Date Reaso	n for consultation	Diagnosis	Treatment	Outcome					
		Diagnosis							
>									
Declaration by life insured									
I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between Hollard Life and myself.									
I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.									
Signature (life insured) Date YYYMMDD									

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MEDICAL EXAMINER'S CONFIDENTIAL REPORT									
1.	Height (without shoes)	Mass (in clothes)		Waist circmferen	ce				
2.	2. Blood Pressure (To be taken in recumbent posture)								
	Systolic mm./hg.	Diastolic mm./hg.							
	If BP is over 140/90 record a second readin	g at the end of the exam	ination						
	Systolic mm./hg.	Diastolic mm./hg.							
3.	Pulse rate (resting)	Is the pulse rate r	egular?		YN				
4.	Is there any evidence of peripheral vascula	YN							
5.	5. Is a murmur present?								
	If yes, describe fully whether systolic or dia both recumbent and upright and with susta				Auscultate with applicant				
6.	Are there symptoms of any other cardio arrhythmia? if yes, state full details	vascular abnormality, e.	g. cardiac enlarge	ement, cardiac failure, ab	normal heart sounds or				
7.	Is the following present in the urine test:	Protein	YN	If yes, state quantity					
		Glucose	YN	If yes, state quantity					
		Blood	YN	If yes, state quantity					
8.	Summary of opinion								
>									
Notice to medical attendants									
Hollard Life will reimburse all medical accounts issued according to the insurance billing code. Specialist Physician - Insurance billing code A2401									
	Il name	101							
	alifications		Practice no.						
	ork tel no.		Cell no.						
	mail			L					
	stal address								
	ease send your account to either 086 693 75	67 or ds doctoraccount@	Dhollard.co.za						