

MEDICAL EXAMINER'S CONFIDENTIAL REPORT

1. Height (without shoes) Mass (in clothes) Waist circumference

2. Blood Pressure (To be taken in recumbent posture)

Systolic mm./hg. Diastolic mm./hg.

If BP is over 140/90 record a second reading at the end of the examination

Systolic mm./hg. Diastolic mm./hg.

3. Pulse rate (resting) Is the pulse rate regular? Y N

4. Is there any evidence of peripheral vascular disease? Y N

5. Is a murmur present? Y N

If yes, describe fully whether systolic or diastolic, note its grade, its position and the direction of propagation. Auscultate with applicant both recumbent and upright and with sustained inspiration and expiration before and after effort.

6. Are there symptoms of any other cardiovascular abnormality, e.g. cardiac enlargement, cardiac failure, abnormal heart sounds or arrhythmia?

if yes, state full details

7. Is the following present in the urine test: Protein Y N If yes, state quantity

Glucose Y N If yes, state quantity

Blood Y N 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

Full name

Qualifications Practice no.

Work tel no. Cell no.

E-mail

Postal address

Please send your account to either 086 693 7567 or ds_doctoraccount@hollard.co.za