

**LIFE INSURANCE CORPORATION OF INDIA**

Form No. LIC03 - 002

**ELECTROCARDIOGRAM**

Zone

Division

Branch

Proposal No.

Agent/D.O. Code: Introduced by: (name &amp; signature)

Full Name of Life to be assured:

Age/Sex :

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

**Note :** *Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  
Y / N\_\_\_\_\_.
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N\_\_\_\_\_.
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N\_\_\_\_\_.

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at \_\_\_\_\_ on the day of \_\_\_\_\_ 200

Signature of L.A.

Signature of the Cardiologist

Name &amp; Address

Qualification Code No.

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate

(B) Cardiovascular System

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## Rest ECG Report:

Position		P Wave	
Standardisation Imv		PR Interval	
Mechanism		QRS Complexes	
Voltage		Q-T Duration	
Electrical Axis		S-T Segment	
Auricular Rate		T –wave	
Ventricular Rate		Q-Wave	
Rhythm			
Additional findings, if any.			

## Conclusion:

Dated at                      on the day of                      200

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.