

**NAME OF INSURANCE REPRESENTATIVE**  
Review both sides of your report for completeness & accuracy before mailing

IMPORTANT

This report is confidential and regardless of the request of any person, it must be mailed direct to the Home Office immediately upon completion

**KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC.**  
**MEDICAL EXAMINER'S CONFIDENTIAL REPORT**

(PLEASE ANSWER EACH QUESTION COMPLETELY)

(Examine in Private. No one but the examiner and the applicant to be present. Answers must be direct, explicit, detailed and in the handwriting of the Medical Examiner. ANY RASURES OR CHANGES MUST BE INITIALED BY HIM)

1 a. How long have you known the applicant? b. Are you in any way related to or have you any pecuniary interest in the applicant or the insurance representative? 3 a. Actual height: _____ Ft. _____ in. b. Did you measure him? 5 a. Temperature _____ °C _____ /min b. Pulse Seated c. Is pulse irregular or intermittent? d. Did you weigh him? 7 Do you find any evidence of past or present disease a. Of the heart? Describe and give degree of hypertrophy and murmurs Examine both before and after exercise. b. Of the lungs? Describe and give location. c. Of the genito urinary system? A history of nephritis, pyelitis, calculus, prostatitis, tumor and stricture should be given in careful detail as to the number and severity of attacks and the date of the last attack. d. Of the stomach or any of the abdominal organs? A history of appendicitis, hepatic colic, ulcer or stomach, etc. should lean to careful palpation of the abdomen to determine the presence of tenderness, massess, rigidity or adhesions. e. Of the skin, ear, middle ear, eyes. f. Of the teeth, tonsils and throat? 8 Nervous System a. Are the knee-jerks abnormal or absent? b. Are pupils unequal in size or the reflexes too light, absent or sluggish? c. If reflexes are not normal, is there any suspicion of syphilis, locomotor ataxia or organic nervous disease? d. Romberg's sign positive? 9 Is there goiter or any enlargement of thyroid? Is it symmetrical, asymmetrical, nodular, diffuse? Size? 10 Are the lymphatic glands enlarged? If so, describe. 11 a. Is there hernia? Describe it. b. Was it ever strangulated? 12 a. Is there any evidence of varicose veins or ulcers? b. Do they extend above the knees? 13 Is applicant lame, maimed or deformed? If so, describe fully. 14 Does appearance of applicant indicate good health? If not, describe fully. 15 Does applicant appear older than stated age? 16 a. Chemical Urinalysis (To be performed in all cases) i. Specific Gravity _____ ii. Color _____ iii. Is albumin present? iv. Is sugar present? b. Is urine authentic and void under circumstances precluding deception? c. Microscopic (To be performed by the Medical Examiner) Plus cells _____ Red blood cells _____ Others _____ Casts _____ Microscopic analysis is required if (a) Amount is P50,000.00 and over, and applicant is 50 years old and older, over P50,000.00 for all ages; (b) Any history for albumin, sugar, or genitourinary disease; (c) Applicant is pregnant; (d) Blood pressure is above normal limits.	2 a. General Appearance: a. _____ b. Any physical defects or deformities: b. _____ Measurements of Chest (in inches) d. Any undue weakness of the Pulse? e. Any evidence of arteriosclerosis? ○ Moderate ○ Severe ○ Mild (if a heart murmur is found, please indicate its location, constancy, transmission and whether systolic, diastolic or presystolic)	Forced Inspiration Forced Expiration Girth of Abdomen 4. a. Race b. Nationality	6 Describe any distinct mark on applicant's body:
DETAILS			
17 BLOOD PRESSURE Auscultatory Systolic _____ mm Diastolic (phase V) _____ mm Taken at: <input type="radio"/> AM <input type="radio"/> PM			
18 EXERCISE TEST (To be performed only when there is suspicion of heart impairment, or abnormal blood pressure) Exercise should consist of at least fifty (50) hops REST Immediately 3 minutes AT AFTER EXERCISE			
19 Have you reviewed all the answers in Part 2 of the application (at the back hereof) and do you believe that the applicant's answers are true and complete in all respects? 20 Do you without reservation recommend the proposed insured for life insurance? 21 Is there any information concerning the health or habits of the applicant which you would prefer to report separately in confidence?			
Note any additional remarks or data			

I certify that the answers to the above questions on both sides of this form are in my own handwriting, that I believe the Applicant, the details whose examination are given here, is the person referred to in Part 1 of the Application, and that I have made a careful and thorough physical examination of the said Applicant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ M. D.

GP18/75 (3M)

P.O. Address: \_\_\_\_\_

Medical Examiner

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DO NOT DETACH VOUCHER FROM THE REPORT  
MEDICAL EXAMINERS VOUCHER

FOR HOME OFFICE ONLY  
Authorized

Please Print Name of Applicant Examined  
M. D.

Date Examined  
Council No. \_\_\_\_\_  
Date Commissioned \_\_\_\_\_  
If not, Medical School of Graduation and year \_\_\_\_\_  
TAN / TIN \_\_\_\_\_

Medical Director

Please Print Name of Medical Examiner  
M. D.