

Application Reference Number

**Particulars of Life Insured**

This section must be completed by the Intermediary or the Life Insured.

First Name(s)

Last Name

Identity No./Passport No.

Compulsory

Date of birth

dd/mm/yyyy

Address

Signature of Life Insured

**Particulars of Medical Examiner**

This section must be completed by the Medical Examiner.

First Name(s)

Last Name

Telephone

Email

Qualifications

Date of procedure/examination/questionnaire

dd/mm/yyyy

Are you the Life Insured's usual medical practitioner?

Yes

No

I confirm that I have conducted this examination in my surgery by myself and that photographic identity was supplied.

Signature of Examiner

**Confidential short medical report**

Please send this confidential report to [administration@unihealthandlife.com](mailto:administration@unihealthandlife.com) or by hard copy to your nearest Unilife office (please refer to our website) in a sealed envelope. This form and its contents must be treated as a matter for the strictest confidentiality. In order to avoid any embarrassment, the results of this examination are not to be disclosed to the applicant or any other unauthorised person. If, following investigation, any form of treatment is required urgently, then please refer the applicant to his or her personal medical attendant. Please do not arrange for further additional examinations unless prior consent is obtained from the Company.

Important: The Proposer/Life Insured has requested that you provide us with (and has authorised us to obtain) this information from you. The Proposer/Life Insured in addition has authorised us to share this information with other life offices, either directly or through the Life Office Association (LOA). This will be done for the purposes of underwriting and/or claims assessment. Under the terms of the LOA protocol, the Proposer/Life Insured may enquire about information held by the LOA. Such information will be made available to him/her by his/her nominated medical practitioner.

**1. Build and physical condition**

1.1 Height (without shoes)	<input type="text" value=""/>	m	1.2 Weight (in clothes)	<input type="text" value=""/>	kg
1.3 Chest measurement: Inspiration	<input type="text" value=""/>	cm	1.4 Abdomen: Expiration	<input type="text" value=""/>	cm

*(Please note: not necessary for female clients.)*

State your impression of the general appearance of the applicant. (E.g. flabby, thin, muscular, pale, flushed, anaemic, etc.)

  


**2. Cardiovascular system**

2.1 Blood pressure (Exact reading to be given.)	Systolic	<input type="text" value=""/>	mm. Hg	Diastolic	<input type="text" value=""/>	mm. Hg
2.2 If blood pressure is above 140/90, please take a second reading, preferably at the end of the examination.	Systolic	<input type="text" value=""/>	mm. Hg	Diastolic	<input type="text" value=""/>	mm. Hg
2.3 Resting pulse rate	<input type="text" value=""/>					

**3. Genito-Urinary system** *(Urine examination specimen must be voided in surgery.)*

3.1 Is protein present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.2 Is glucose present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4 Is blood present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.5 Is there any other abnormal finding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If present, please state the quantity.

**Laboratory tests**

If any specimens have been taken and sent to a laboratory, please state the name of the laboratory to which it was sent.

  

  


UL ShortMedicalReport 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: [administration@unihealthandlife.com](mailto:administration@unihealthandlife.com)