Proposal No.
Name of FA/BM/AGM/DGM (Who Introduce)**:**
Code No:

Akij Takaful Life Insurance PLC
Ninakabbo (11th Floor),
227/A, Bir Uttam Mir Shawkar Sarak,
Tejgaon Link Road, Dhaka-1208.

MEDICAL EXAMINER'S CONFIDENTIAL REPORT

INSTRUCTIONS TO THE MEDICAL EXAMINER:

1. When an examination is begun the report there of becomes the property of the Company and must not be suppressed or destroyed regardless of your recommendation and regardless of whether the proposed insured or any other person offers to pay the medical fee in order to avoid a declination.
2. An Examiner must confirm the Proposed Insured in presence physically.
3. An Examiner is not permitted to examine his relatives or applicants of a Financial Associate who is a relative.
4. Any erasures or alterations in your report must be initialed by you.
5. Tick (**√**) the appropriate box and brief details where needed
6. Medical Examiner's report must be recorded in your handwriting.

Full Name of Proposed Insured: _____

Date of Birth/Age: _____ **Sex :** ☐ **Female** ☐ **Male**

Occupation: _____

SL. No	QUESTIONNAIRE	YES	NO	COMMENTS
1	Have you ever seen the proposer professionally before? If **YES**, when and why? If NOT, do you know the proposer for other reasons?			
2	Is the Proposer Currently Under any Medical Treatment/Sufferings from any Diseases/Any Medication? (If '**YES**' State in Comments Column: Since When and for Which Condition? Also write his/her Medication/Treatment)			
3.	**GENERAL APPEARANCES**	**YES**	**NO**	**COMMENTS**
a				

Height (In Shoes)	Weight (Clothed)	Chest (Full Inspiration)	Chest (Forced Expiration)	Abdomen at Umbilicus
……. ft……inch OR …… cm	…… lbs. OR …… kg	…… inch OR …… cm	…… inch OR …… cm	…… inch OR …… cm

b	Healthy, looks declared age?			
c	Morphological type?			
d	Are there any malformations or mutilations?			
4	**NECK**	**YES**	**NO**	**COMMENTS**
	Is there Evidence of Goiter?			

5	RESPIRATORY SYSTEM	YES	NO	COMMENTS
a	Previous History?			
b	Are There Signs of Decreased Chest Expansion?			
c	Are There Signs of Abnormal Dullness to Percussion?			
d	Are There Abnormal Auscultatory Signs?			
e	Is the Voice Normal?			

6	CARDIOVASCULAR SYSTEM	YES	NO	COMMENTS
a	Previous History?			
b	Is the Heart Enlarged?			
c	Are the Heart Sounds Normal? (Intensity, Splitting, Etc.)			
d	Are There Any Cardiac Murmurs?			☐ Systolic ☐ Diastolic Intensity:
	i. Does the Murmur Seem to Be Pathological?			
	ii. Does the Murmur Irradiate? Where Is Its Maximal Intensity?			
e	Does the Abdominal Aorta Seem Dilated?			
f	Are the Peripheral Pulses All Present and Symmetrical?			
g	Are There Any Arterial Murmurs in The Cervical and Femoral Regions?			

h **i. BLOOD PRESSURE:**

Please record **03** readings taken at intervals of at least 5 minutes in either of the following circumstances

a) First reading is over **140** systolic or **90** diastolic, **or**

b) There is a history of **Hypertension**.

	1	2	3
Systolic			
Diastolic			

ii. Pulse Rate: _____

7	GASTROINTESTINAL SYSTEM	YES	NO	COMMENTS
a	Previous History?			
b	Are There Any Abnormalities of The Mouth, Tongue, Pharynx or Tonsils?			
c	Are There Any Abnormalities of The Abdomen on Palpation?			
d	Hepatomegaly?			Degree Consistency:
e	Splenomegaly?			Degree Consistency:
f	Are There Any Abnormalities of The Hernia Orifices?			
g	Are There Signs of Haemorrhoids, Previous Melaena Or Rectal Bleeding?			

8	GENITO URINARY SYSTEM	YES	NO	COMMENTS
a	Previous History?			

	For Men:			
b	Are There Any Signs of Disease of The Genital Organs, (Testes, Epididymis, Prostate)?			
c	Is there Gynecomastia?			
	For Women:			
d	Are There Any Signs of Disease of The Genital Organs?			
e	Are There Any Abnormalities of The Breasts?			
f	Is She Pregnant?			If 'Yes' How for advanced?
9	**CENTRAL NERVOUS SYSTEM**	**YES**	**NO**	**COMMENTS**
a	Previous History?			
b	Sequelae			
c	Are the Papillary, Abdominal or Tendon Reflexes Abnormal?			
d	Are There Any Signs of Autonomic Nervous Dysfunction?			
e	Are There Any Psychiatric or Neurological Abnormalities?			
10	**SKIN AND TEGUMENTS**	**YES**	**NO**	**COMMENTS**
	Are there any signs of:			
a	Jaundice or Cyanosis?			
b	Skin Eruption, Cyst, Tumor, Varicosities or Edema?			
c	Lymphadenopathy?			
d	Scars or Tattoos?			
e	Tophi or Xanthomata?			
11	**SKELETAL SYSTEM**	**YES**	**NO**	**COMMENTS**
	Are there any abnormalities of the bones, joints or intervertebral discs?			
12	**SENSORY ORGANS**	**YES**	**NO**	**COMMENTS**
a	Is there any Disease of the Eyes?			
b	Visual Acuity:			
c	Is there any Disease of the Ears?			
13	**OTHERS**	**YES**	**NO**	**COMMENTS**
a	Are There Any Stigmata of Alcohol, Tobacco, or Drug Abuse?			
b	**Family History:** Have any Members of Proposed Insured Family (Parents/Siblings) suffered from: Tuberculosis, Diabetes, Cancer, High Blood Pressure, Heart or Kidney Disease, Mental Illness or Suicide?			Which Disease?

	R	L
Before Correction	/10	/10
After Correction	/10	/10

c	Are There Any Repercussions of The Proposer's Professional or Social Activities on The General State of Heath?			
14	**CONCLUSIONS:**	**YES**	**NO**	**COMMENTS**
a	Do You Know or Suspect Anything Adverse About Proposed Insured's Health, Character, Mentality, Habits or Morals Not Other Wise Covered Above?			
b	Are There Any Risks of Invalidity or Partial or Total Disability?			
c	The Proposer's State of Health Is Considered to Be:	☐ **GOOD**	☐ **AVERAGE**	☐ **POOR**
	SPECIAL COMMENTS OR SUGGESTIONS OF THE EXAMINING PHYSICIAN			

_____ **Signature of the Proposed Insured**	I confirm that I have asked the questions stated on the face of this report form and have recorded in full the answers given to me by the proposed Insured. I further confirm that I have made this examination in private at (place) ……Date …… 20……. at ……am/pm. **Signature of Physician**: _____ **Name of Physician**: _____ **BMDC Reg. No**: _____ **Stamp/Seal :** _____

……

MER CREDIT VOUCHER

Proposal No: _____ Medical Examination Date: _____

Full Name of Proposed Insured: _____

Name of FA/BM/AGM/DGM (Who Introduced):_____

FA/UM/BM/AM Code No.: _____

Name of Physician: _____ ME Code: _____

Stamp/Seal: