

Insured's Name: \_\_\_\_\_

Insured's Social Security Number: \_\_\_\_\_

EKG required: ☐ No ☐ Yes – attach to this form

How have you identified the person being examined? ☐ Drivers License ☐ Other (specify) \_\_\_\_\_

Can the Proposed Insured speak and understand English? ☐ Yes ☐ No – Language spoken: \_\_\_\_\_

Was an Interpreter present? \_\_\_\_\_

**SECTION A: Complete for ALL applicants:**

1. Males only: Chest measurement: \_\_\_\_\_ in. Waist measurement: \_\_\_\_\_ in.
2. Blood Pressure: \_\_\_\_\_ If over 135/85, repeat x2, three minutes apart:  

Systolic	_____	_____	_____
Diastolic	_____	_____	_____
3. Pulse: Rate \_\_\_\_\_ Quality \_\_\_\_\_ Irregularities/Minute \_\_\_\_\_  
(if over 90, repeat) Rate \_\_\_\_\_ Quality \_\_\_\_\_ Irregularities/Minute \_\_\_\_\_
4. Measured Height (In stocking feet): \_\_\_\_\_ ft., \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. (weigh applicant – normal street clothes)
5. Females only: Menstruating at time of exam? ☐ Yes ☐ No
6. Did you observe any indication of physical or mental impairment or abnormality not indicated in Part 2?  
☐ Yes ☐ No If "Yes", explain: \_\_\_\_\_

**SECTION B: Complete for PHYSICIAN'S EXAM ONLY: (Paramedic Examiner continue to Section C)**

1. Is there, upon examination, any abnormality of the following:
  - a. eyes, ears, nose, mouth, pharynx? (If vision or hearing markedly impaired, indicate degree and correction.) ☐ Yes ☐ No
  - b. skin (include scars), lymph nodes, varicose veins, or peripheral arteries? ☐ Yes ☐ No
  - c. nervous system (include reflexes, gait and paralysis)? ☐ Yes ☐ No
  - d. respiratory system? ☐ Yes ☐ No
  - e. abdomen (describe scars)? ☐ Yes ☐ No
  - f. genitourinary system? ☐ Yes ☐ No
  - g. endocrine system (include thyroid)? ☐ Yes ☐ No
  - h. musculoskeletal system (include spine, joints, amputations and deformities)? ☐ Yes ☐ No
2. Are there any hernias? ☐ Yes ☐ No
3. Are you aware of additional medical history? ☐ Yes ☐ No
4. For the heart, is there any:  
Enlargement? ☐ Yes ☐ No Dyspnea? ☐ Yes ☐ No  
Edema? ☐ Yes ☐ No Murmur? ☐ Yes ☐ No

Do not write in this space

Provide details to each "Yes" answer.  
Identify question #. Use reverse side, or  
Attach additional sheet, if needed.

Location:

Constant ☐  
Intermittent ☐  
Transmitted ☐  
Localized ☐  
Systolic ☐  
Presystolic ☐  
Diastolic ☐  
Soft (Gr.1-2) ☐  
Mod. (Gr. 3-4) ☐  
Loud (Gr.5-6) ☐

First murmur

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

Second murmur

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

**SECTION C: Complete for ALL applicants:**

I have personally seen the person whose name appears above and in Part 2. I am satisfied as to the identity of that person. I certify that I personally weighed and measured the proposed Insured, and that the answers in Part 2 were correctly recorded by me.

Date: \_\_\_\_\_ Examiner  
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Sent to Lab: ☐ Urinalysis ☐ Blood Sample

Paramed Stamp