



FirstChoice

CONFIDENTIAL MEDICAL EXAMINATION

Account number

Other than a Colonial First State product, has a concurrent application been submitted under any other AIA Australia insurance policy for Life, Total and Permanent Disablement, Trauma, Income Protection or Group Risk scheme?

No Yes

If 'Yes', please advise policy number(s) (if known)

Dear client,

You have been asked to undergo a medical examination as part of your application for insurance. Please take this form with you to your appointment. AIA Australia will pay the doctor's account.

Dear doctor,

Information regarding your findings should NOT be given to any other person. Exception may be made, subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant.

The company's decision concerning the application for insurance will be based on a careful consideration of the medical evidence and other factors, including the type of insurance sought. You are therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability.

At the end of the examination, please complete the **Doctor details** and **Payment of fees** sections on the last page of this form and forward the completed form with a tax invoice attached directly to the address below. A cheque will be forwarded to you promptly.

This form needs to be sent to this address:

**Colonial First State
Reply Paid 27
Sydney NSW 2001**

1 Personal client details

Name of person being examined

Address

Postcode

Date of birth

2 Introduction

a Are you personally or professionally acquainted with the examinee?

No Yes

If 'Yes', for how long?

b Is there anything unfavourable in his/her appearance or development, including permanent marks, scars and tattoos?

No Yes

If 'Yes', please give details.

c Is there any indication of past or present abuse of alcohol or the misuse of drugs?

No Yes

If 'Yes', please give details.

3 Measurements

a Give the following measurements:

Height (without shoes) cm

Weight (clothed) kg

Chest inspiration cm

Chest expiration cm

Waist circumference (abdomen at umbilicus) cm

b If chest expansion is less than 5 cm (2 ins), comment as to apparent cause or provide peak flow meter reading if available.

4 Respiration system

a Is there any abnormality of the respiratory system to palpations, percussion or auscultation?

No Yes

If 'Yes', please give details including cause, if appropriate.

b Is there any sign of past or present respiratory disease?

No Yes

If 'Yes', please give details including cause, if appropriate.

Note In cases of a present respiratory condition (e.g. asthma, chronic bronchitis), include results of most current spirometry or lung function tests.

5 Circulatory system

a What is the rate and character of the pulse?

Rate per minute Character

b What is the position of the apex beat of the heart?

In the interspace cm from the mid-sternal line

c Is there any evidence of cardiac enlargement?

No Yes

If 'Yes', please give details including cause, if appropriate.

d Is there any abnormality in the heart sounds or rhythm?

No Yes

If 'Yes', please give details including cause, if appropriate.

e Is any murmur present?

No Yes

If 'Yes', describe fully including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.

f What is the blood pressure (auscultatory method)?

Note The diastolic level is to be taken at the cessation of all sound. Three readings are required at approximately 5 minute intervals.

1st reading (seated) mm Hg Systolic Diastolic

2nd reading (standing) mm Hg Systolic Diastolic

3rd reading (seated) mm Hg Systolic Diastolic

g Is the examinee now on treatment for hypertension?

No Yes

If 'Yes', and if you have the required information, please state:

i) Pre-treatment blood pressure level, including date(s)

ii) Duration of treatment

iii) Treatment(s), including dosage

h Is there any abnormality of the heart and vascular system?

No Yes

If 'Yes', please give details including cause, if appropriate.

6 Digestive and lymphatic

a Is there any abnormality of the tongue, mouth or throat? No Yes

If 'Yes', please give details including cause, if appropriate.

b Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? No Yes

If 'Yes', please give details including cause, if appropriate.

c Is there any abnormality of lymph glands in the neck, axilla or inguinal regions? No Yes

If 'Yes', please give details including cause, if appropriate.

d Is a hernia present? No Yes

If 'Yes', describe fully and advise of any pending surgery planned.

7 Genito-urinary system

a Is there any abnormality of the genito-urinary system? No Yes

If 'Yes', please give details.

b Examination of urine

Note The urine should be passed at the time of the examination. If not, please state the circumstances:

c If albumin is found, an early morning specimen and a further specimen passed later in the day should be examined, and findings recorded before completing the report.

1. Albumin? 2. Sugar? 3. Blood?

Note For females only If positive for blood in urine specimen, is the examinee menstruating? No Yes

8 Female only section

a Is the examinee pregnant? No Yes

If 'Yes', please give expected date of confinement. / /

b Had the examinee ever had an abnormal PAP smear or breast lump? No Yes

If 'Yes', please give details including dates and results of any tests or treatments.

9 Nervous system

a Is there any abnormal reflex or other evidence of disease of the brain nerves or spinal cord? No Yes

If 'Yes', please give details.

b Is there any evidence of:

i) Mental abnormality? No Yes

If 'Yes', please give details.

ii) Any disorder of the central or peripheral nervous system? No Yes

If 'Yes', please give details

c Is there any defect in sight, hearing or speech? No Yes

In cases of present or past ear discharge or deafness, state results of auriscopic examination.

10 Musculo-skeletal system and skin

a Is there any abnormality in the form or function of:

i) The joints?

No Yes

If 'Yes', please give details.

ii) The muscles or connective tissues?

No Yes

If 'Yes', please give details.

iii) The back or neck, including the cervical and lumbar spine?

No Yes

If 'Yes', please give details.

b Is there any evidence of any disorder of the skin?

No Yes

If 'Yes', please give details.

11 Summary

a Do you consider any medical attendant's reports or any special tests are required?

No Yes

If 'Yes', which tests?

Note – no additional tests are to be carried out in connection with the application for insurance without the Insurer's authority.

b Do you consider the person examined to be predisposed to any particular ailment or likely to require treatments, tests or surgery?

No Yes

If 'Yes', please give details.

c Comment fully on any unfavourable features (physical or mental) which could either reduce life expectancy or cause disablement:

i) In the examinee's personal or family medical history

ii) Disclosed by your medical examination

12 Doctor details

Please use block letters

Name

Address

Postcode

Phone number

Fax number

Qualifications

Signature of medical examiner

Date

