KARNATAKA GOVERNMENT INSURANCE DEPARTMENT
(COMPULSORY INSURANCE)
MEDICAL EXAMINER'S REPORT

1. Proposer Name

CASEWORKER 2

Pincode

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Joining Date into Govt Service

30-10-2020

Present Working Office

DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE

Address

Phone

9845678901

Present Designation

ASSISTANT DIRECTOR

2. Proposer's Height

Proposer weight

Pulse rate/min

Breathing rate/Min

Blood Pressure	Low /dystolic	High / systolic	Pulse rate	Remark

Note: When compressed, if the meaurement is 140mm hg or when it becomes low the measurement is 90mm hg or more, after 5 min when the condition becomes normal second reading measurement must be taken

3. a) Was the proposer admitted to Hospital :

b) Did the propser met with an accident :

c) Has the proposer undergone tests like X-Ray, ECG, laser Ray :

d) At present has the proposer undergone any treatment :

In the following question , if the answer is “Yes”, then provide the full information

	Answer Yes/No	**Full information**
4) Is there any symptoms of having illness in chest, heart and lungs?	Yes/ No	
5) Is there any symptoms of disease in teeth gums,tongue,ear,nose,Throat, eyes?	Yes/ No	
6) Does the Proposer have any deficieancy or disability Does the Proposer have Thyroid,lymph node in joint, or have scars from surgery	Yes/ No	
7) Any indication of enlargement of Spleen or Liver	Yes/ No	
8) Is there any abnormality in any part of the Gastrointestinal track	Yes/ No	
9) Does proposer suffer from Hernia?	Yes/ No	

10) Is there any abnormalities found in the urinary tract	Yes/ No	
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	Yes/ No	
12) Does the proposer have any indication of having undergone a surgery	Yes/ No	
13) Does the proposer have any marks of which might have occured accidentally,or done due to any other reason	Yes/ No	
14) Is there any important adverse symptom in the very nature of theproposer's health	Yes/ No	
15) **This column must be filled only by the female petitioners** a) Do they have any illness with regards to breast b) Do the Proposer have breast Cancer c) Do you have any clue or doubt about Proposer getting pregnant d) Do you identify any biological illness, symptoms of ovarian or uterian disease	 Yes/ No Yes/ No Yes/ No Yes/ No	
16) Does the Proposer have a good life cycle? If not, please give the specific reason	Yes/ No	

Doctor Details

KGID No

KMC/ IMC Code

Name of the Doctor

Designation

Name of the office

Place of the office

If the Proposer is a female and testing Medical officer is a male

For Medical test of the Proposer, I Mrs

Would be helping the Doctor.

Date:
Place

Nurse/Midwife
Name,Signature and address

Note for the Medical officer

1) If the proposer is more the 40 years, and if the proposed policy has installment which is more than Rs 1000, and if the insurance department has given special instructions, Medical test has been done.
2) Sample signature of proposer should be taken and confirmed, and thus the detailed medical test has to be done and information has to be gathered. A confidential report has to be submiteed to department.
3) If there is a correction in the report, it has to be confirmed by the signature.
4) If the female proposal are pregnant, they should indicate to get medical checkup done after 3 months of delivery.

Declaration

This day I have tested the proposer and writing the report in my handwriting, I have filled the Column 3 after confirmation from the proposer

Signature of the Proposer	Experiance of Doctor in Govt Service	Signature of Doctor with date

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