

Medical Examination Report

Transcript of the Videotelephony Medical Examination Report

This is the transcript of the answers provided by Life to be assured verbally to the questions asked below in a videotelephony verification by the underwriting team of Max Life Insurance Company Ltd. The answers provided by the Life to be assured would form a part of the application for insurance.

We request you to go through the transcript carefully. In case of any disagreement, you are requested to highlight the same within 15 days of the receipt of this transcript; otherwise this would be taken as acceptable to you and thereby binding on you. Please retain this transcript for future reference.

Application No.	115974925	Date	05-Oct-2022
Life to be Assured (LA)	ShubhamJain	ID Details	AVNPJ4699N
Date of Birth	24-May-1994	Gender	MALE
Nominee Name	RACHNAJAIN	Nominee DOB	16-Sept-1966
Contact No.	9977887336		

These are the following questions, along with their answers, that were asked during the examination:

	YES	NO	IF YES, please give details
Please provide your education details	Yes		POST GRADUATED
[For Women] Are you pregnant?		No	
[For Women] Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.?		No	
Any history of chest pain, heart attack, palpitations, and breathlessness on exertion or irregular heart beat?		No	
Hypertension or high blood pressure/high cholesterol?		No	
High blood sugar/ Diabetes, thyroid disorder or any other endocrine disorders		No	
Asthma, bronchitis, wheezing, tuberculosis, breathing difficulties or any other respiratory disorder?		No	
Blood disorder like anemia, leukemia or any circulatory disorder?		No	
Liver disorders like cirrhosis, hepatitis, jaundice, disorder of the stomach, colitis or indigestion?		No	
Any physical or mental disability or any congenital disease?		No	
Any form of cancer, tumour, cyst, or growth of any kind or enlarged lymph nodes?		No	
Any diseases related to kidney such as Kidney failure, Kidney or Ureteric stones, blood or pus in urine or prostrate or gynecological disorder?		No	
Epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, paralysis or psychiatric disorder?		No	
Eye, ear, nose or throat disorder, (Except use of spectacles)?		No	
Disorder of back, muscle, joints, bone, neck, deformity, amputation, arthritis or gout		No	
In the last 5 years, have you had or been advised to have or in the next 30 days will you have an X-ray/ CT Scan / MRI / ECG / TMT / blood test or any other investigatory or diagnostic tests or any type of surgery?		No	
Do you or your spouse has been tested positive or is under treatment for HIV / AIDS / Sexually transmitted diseases (e.g. syphilis, gonorrhea, etc.) ?		No	
Are you receiving any treatment /medication or has in the past		No	

received any treatment or undergone surgery/hospitalized for any medical condition /disability? If yes, Reason for medication and name of medicine?			
Have you been off work due to illness or for a continuous period of more than 10 days during the last one year?		No	
Have you suffered or suffering from any other disease/ailment/habit not mentioned above?		No	
In the last 3 months have you tested positive for COVID 19 or awaiting results of such test or currently been advised to be under quarantine due to COVID 19?		No	
Beyond last 3 months have you ever tested positive for COVID 19? If Yes, please answer sub question		No	
Are you currently suffering from persistent cough, shortness of breath/fever/rinohrrea/sore throat /malaise/Gastro-intestinal symptoms such as nausea, vomiting, diarrhoea etc. or in last 14 days have you been in contact with the individual suspected or confirmed to have COVID 19?		No	
Have you travelled outside India, in the last 30 days or do you intend to travel outside India within next 3 months ?		No	
Height (in cm)	Yes		180.34
Weight (in kgs)	Yes		78
Habits & Addictions : Cig/beedi/cigar ; Gutka/Snuff/Paan ; Beer/Wine/Hard Liquor ; Any Drugs.		No	
Existing Cover/Existing Insurance Cover		No	

DECLARATION:

I hereby declare that the Life to be assured has understood and provided details to the above mentioned questions

Name and Signature of the Medical Doctor/ Medical Underwriter	<div> Dr. harsh jain Reg no: RMC-46360-P Qualification: MBBS </div>
Date Time of Medical Verification	05/10/2022 12:44
Approval Time of Medical Verification	05/10/2022 14:21

Geo Tagging Data - Latitude: 23.2578304 | Longitude: 77.4349947 | Location Data - 7C5M+4XQ Bhopal, Madhya Pradesh, India

