



MEASUREMENTS

INSURANCE COMPANY: _____

PROPOSED INSURED: _____

DATE OF BIRTH: _____ SS#: _____

Policy #: _____ Amount of Insurance: \$ _____

GENDER ☐ Male ☐ Female

PHOTO ID ☐ Yes ☐ No

Type of ID used: _____

Drivers License #: _____ Other #: _____

HEIGHT - WEIGHT

Complete all items and weigh client on a scale and measure with a tape.

HEIGHT: _____ feet _____ inches WEIGHT: _____ pounds

Did you measure? ☐ Yes ☐ No

Did you weigh? ☐ Yes ☐ No

BLOOD PRESSURE & PULSE

1st Reading: _____ / _____ Pulse _____

2nd Reading: _____ / _____ Irregularities _____

3rd Reading: _____ / _____

Witness (examiner signature) _____

Proposed Insured (signature) _____

Paramedical Company _____ Street Address _____ City _____ State _____ Phone # _____

Date: _____ Time: _____ [] AM [] PM

NOTE: Follow Insurance Company's mailing instructions. If all paperwork to lab, please forward to their designated laboratory; otherwise image/mail to the Insurance Company.