

(Explain all "yes" answers in DETAILS OF YES ANSWERS section below unless otherwise instructed.)

	Yes	No
23a. Have you in the past 10 years, consulted, been referred to, or been examined or treated by any physician, chiropractor, psychologist or other health care provider or by any hospital, clinic, mental health facility, treatment facility or other health care facility not already disclosed? <i>(If it was for a "check up", annual physical, employment physical, etc., so state and give findings and results.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you in the past 10 years, been advised to have any surgery, hospitalization, treatment or test that was not completed or results that you have not received?	<input type="checkbox"/>	<input type="checkbox"/>
24a. Have you in the past 10 years, used tobacco or nicotine in any form? <i>(If yes, specify dates and all forms of tobacco or nicotine products used.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you in the past 10 years, used alcoholic beverages? <i>(If yes, how much, what kind (beer, wine, liquor), how often?)</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you in the past 10 years, used any illegal, restricted, or controlled substance except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you in the past 10 years, requested, applied, or received a pension, benefits, or payment because of injury, sickness or disability?.....	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever had any application for Life or Health Insurance <i>(or any application for reinstatement for Life or Health Insurance)</i> declined, postponed, rated-up or limited?	<input type="checkbox"/>	<input type="checkbox"/>
27. In the past 3 years, have you engaged in, or do you intend to engage in: flying as a pilot, student pilot, or crew member; organized racing of an automobile, motorcycle, or any type of motor-powered vehicle; scuba diving, mountain climbing, hang gliding, parachuting, sky diving, bungee jumping, soaring, or ballooning?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had your driver's license suspended or revoked; or ever been convicted of driving while impaired or intoxicated; or in the past 3 years been convicted of more than one moving violation?	<input type="checkbox"/>	<input type="checkbox"/>
29. Except as prescribed by a physician, have you ever used, or been convicted for sale or possession of cocaine or any other narcotic or illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever been charged with a violation of any criminal law?	<input type="checkbox"/>	<input type="checkbox"/>
31. In the next 12 months, do you plan to travel or reside outside of the United States or Canada?.....	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you belong to or intend to join any active or reserve military or naval organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you had any bankruptcies in the past 7 years or do you have any suits or judgments pending against you at this time?	<input type="checkbox"/>	<input type="checkbox"/>

DETAILS OF YES ANSWERS. *Identify question number, the reason(s) and details of yes answers. Also, if applicable, provide the diagnosis and name, address, and phone number of the physician(s) or other health care providers. (Use additional blank pages if additional space is needed.)*

34.	Living	Health Concerns or Cause of Death	Age or Age at Death	Brother or Sister	Living	Health Concerns or Cause of Death	Age or Age at Death
Father	Y N				Y N		
					Y N		
Mother	Y N				Y N		
					Y N		

Other family members with diabetes, heart disease, cancer, kidney disease or other inheritable conditions? _____

All the statements and answers on this form are complete and true to the best of my knowledge and belief, whether written by my own hand or not; and I agree that a copy of this examination form may be attached to and form a part of any policy issued. Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

Signed this day of _____, _____
Month/DayYear

Signed _____
Signature of ExaminerSignature of Proposed Insured

PARAMED EXAM

Proposed Insured (<i>First, MI, Last</i>)				SSN / Tax ID #		Date of Birth (<i>mm/dd/yyyy</i>)			
1. a. Height (<i>in shoes</i>) _____ft. _____in.	b. Weight (<i>clothed</i>) _____lbs.	c. Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No	e. Chest (<i>full inspiration</i>) _____in.	f. Chest (<i>forced expiration</i>) _____in.	g. Abdomen (<i>at umbilicus</i>) _____in.			
2. BLOOD PRESSURE: Record two additional blood pressure readings if the initial blood pressure is greater than 145 systolic or 90 diastolic. Take measurements before blood draw and allow 5 minutes between readings. Was a large cuff used? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st Reading _____/_____ 2 nd Reading _____/_____ 3 rd Reading _____/_____									
3. PULSE	At Rest	After Exercise (<i>15 squats - equiv.</i>)	3 minutes later	PULSE	At Rest	After Exercise (<i>15 squats - equiv.</i>)	3 minutes later		
Pulse Rate				Irregularities per min.					
Complete the following questions: (<i>explain all 'yes' answers for questions 4-7 in Details section below</i>)								Yes	No
4. Is appearance unhealthy or older than stated age?								<input type="checkbox"/>	<input type="checkbox"/>
5. Do you suspect anything unfavorable such as excessive use of alcohol, tobacco, or drugs?								<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of additional significant medical history?								<input type="checkbox"/>	<input type="checkbox"/>
7. Did anyone accompany the Proposed Insured during the examination?								<input type="checkbox"/>	<input type="checkbox"/>
8. Was the Proposed Insured able to understand and answer all questions asked in connection with this examination? (<i>If no, please provide details below</i>)								<input type="checkbox"/>	<input type="checkbox"/>
If Insured is over age 70, complete the following questions and tests: (<i>explain all 'yes' answers in Details section below</i>)								Yes	No
9a. Does he/she exercise? (<i>If yes, provide details below including exercise capacity, type and frequency</i>)								<input type="checkbox"/>	<input type="checkbox"/>
b. Does he/she do any volunteer work or have any hobbies?								<input type="checkbox"/>	<input type="checkbox"/>
c. Does he/she have any gait or mobility problems?								<input type="checkbox"/>	<input type="checkbox"/>
d. Does he/she have any evidence of a cognitive disorder (<i>e.g. dementia, memory loss</i>)?								<input type="checkbox"/>	<input type="checkbox"/>
e. Does he/she drive? (<i>If yes, how many miles per week? If no, why not?</i>)								<input type="checkbox"/>	<input type="checkbox"/>
f. Does he/she need assistance with any instrumental activities of daily living (<i>e.g. banking, shopping</i>)?								<input type="checkbox"/>	<input type="checkbox"/>
g. Does he/she need assistance with any activities of daily living (<i>e.g. feeding, bathing, dressing</i>)?								<input type="checkbox"/>	<input type="checkbox"/>
Details of answers: Identify question number, letter and detailed information.									
10. Timed get up and go test: Time the number of seconds it takes for the insured to sit and rise from a straight back and armless chair, walk 10 feet and return to the chair and sit back down. Timing should begin when the insured begins standing up from a chair and ends when sitting back down. _____seconds Please check all that apply: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>a. Rising from chair:</p> <p><input type="checkbox"/> Rises easily with no assistance</p> <p><input type="checkbox"/> Requires more than one attempt</p> <p><input type="checkbox"/> Has balance issues, needs assistance or has severe difficulty</p> <p>c. Walking:</p> <p><input type="checkbox"/> Unassisted at a normal pace</p> <p><input type="checkbox"/> With assistance or mild difficulty</p> <p><input type="checkbox"/> Stumbles, extremely slow pace, needs substantial assistance with walker or cane</p> </div> <div style="width: 48%;"> <p>b. Turning:</p> <p><input type="checkbox"/> Smoothly with no hesitation</p> <p><input type="checkbox"/> Needs mild assistance or has mild difficulty</p> <p><input type="checkbox"/> Stumbles or needs support</p> <p>d. Sitting down in chair:</p> <p><input type="checkbox"/> Smoothly with no hesitation</p> <p><input type="checkbox"/> Relies on armrest for support or drops suddenly into chair</p> <p><input type="checkbox"/> Needs assistance</p> </div> </div>									

11. Clock Draw Test:

Make sure that the insured understands your instructions, but you do not need to score this test.

Have the proposed insured draw a circle in the space to the right and put the numbers around the clock in the correct positions, then set the hands of the clock at 10 minutes past 11 (11:10).

12. Signature Section

I have examined _____ this _____ day of _____, _____
(Proposed Insured) Day Month Year

and have witnessed his/her signature on the front of this examination. _____
Signature of Examiner

Please Print:

Examiner's Name: _____ Phone Number: _____

Examination Company: _____ Time of examination: _____ a.m. _____ p.m.

Address: _____ Producer requesting examination: _____

_____ Which of the following did you use to identify the Proposed Insured?
☐ Driver's License with picture ☐ Other picture ID

The following are being forwarded to the authorized laboratory: ☐ Exam form ☐ EKG ☐ Stress EKG ☐ HIV Consent
☐ Blood ☐ Urine ☐ Other _____