

NATIONWIDE QUICK CHECK RESULTS

Name of Proposed Insured (please print)	Social Security No.	Date of Birth
---	---------------------	---------------

- 1 a. Height (in shoes) _____ ft. _____ in. Weight (clothed) _____ lbs.
- b. Did you weigh? ☐ Yes ☐ No c. Did you measure? ☐ Yes ☐ No
- d. Chest (full inspiration) _____ in. e. Chest (forced expiration) _____ in. f. Abdomen (at umbilicus) _____ in.
- g. Is appearance unhealthy or older than stated age? ☐ Yes ☐ No (If yes, please explain below.)
- h. Do you suspect anything unfavorable such as excessive use of alcohol, tobacco, or drugs? ☐ Yes ☐ No (If yes, please explain below.)

2. **BLOOD PRESSURE:** Record two additional blood pressure readings if the initial blood pressure is greater than 145 systolic or 90 diastolic. Take measurement before blood draw and allow 5 minutes between readings. If arm is overly large, was the large cuff used? ☐ Yes ☐ No

1 st Reading	2 nd Reading	3 rd Reading

- | | | | |
|----------|-------------------------|--|-----------------|
| 3. PULSE | At Rest | After Exercise
(15 squats – equiv.) | 3 Minutes Later |
| | Pulse Rate | | |
| | Irregularities per min. | | |

COMMENTS:

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

and have witnessed his/her signature on the PART II.

PLEASE PRINT OR TYPE:

Examiner's Name: _____

Examiner's Address: _____

Taxpayer Identification No. _____

Medical Examiner's Signature

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

Producer requesting examination: _____

Which of the following did you use to identify the Proposed Insured?

☐ Driver's License with picture ☐ Other picture ID _____

Purpose of examination: ☐ Life ☐ Group ☐ Disability

Reference No./Policy No. (if known) _____

(05/2004)