

Forming a Part of Insurance Certificate No. : _____

Name of the Passenger: _____

MEDICAL HISTORY

(A) TO BE COMPLETED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTION WITH 'YES' OR 'NO' (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS:

1. Are you in good health and free from physical and mental disease or infirmity? _____
2. Have you ever suffered from any illness or disease up to the date of making this proposal? _____
3. Do you have any physical defect or deformity? _____
4. Have you ever been admitted to any hospital / nursing home / clinic for treatment or observation? _____
5. Have you suffered from any illness / disease or had an accident in the 12-month preceding the first day of insurance? _____
6. If the answer is 'yes' to any of the foregoing question please give full details as under: _____

Nature of illness / disease / injury & treatment received	Date of which first treatment taken	First treatment completed / is continuing	Name of attending medical practitioner / Surgeon with his address & Tel. Nos.

7. (a) Have you any intention of engaging in professional sport? _____
(b) If so, give details. _____
8. Please give detail of any knowledge of any positive existence of any ailment. Sickness or injury which may require medical attention whilst on tour abroad. _____

I HEREBY DECLARE THAT

1. I will not be travelling against the advice of a physician.
2. I am not on the waiting list of any medical treatment.
3. I will not be travelling for the purpose of obtaining medical treatment.
4. I have not received a terminal prognosis for a medical condition before this day.

I further declare that and warrant that the above statements are true and complete. I consent to the insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorize the giving of such information to Heritage health services Pvt. Ltd and Coris International and / or their programme medical advisers. I agree that this proposal shall form the basis of the contract should the insurance be affected. I am willing to accept the policy, subject to the terms, exceptions and conditions prescribed with policy certificate.

Signature of Proposer _____

Dated _____

(B) TO BE COMPLETED BY THE DOCTOR (TO be completed by M. D. only)

1. **History**
 - a) Any past history of disease, operation, accidents, investigation, etc.
 - b) General Examination.
 - c) Systemic Examination.
2. **Electrocardiography:**
 - a) Does the attached Electrocardiogram in your professional opinion show any abnormalities? if so, please describe:
 - b) Does the abnormality represent a current illness or disease which may possibly require medical treatment during proposer's forthcoming trip?
 - c) Does the Proposer now or did he / she in the past, require medication for this abnormality?
 - d) Please describe any treatment taken by Proposer in the past or being taken at present:
 - e) Do you recommend Stress Test? If so please obtain the report on such test.
3. Does the Blood / Urine Strip Test show any sugar?
4. Do you consider that Proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his health / medical condition?

Signature of the Doctor with rubber stamp :
Name of the Doctor :
Qualification :
Address :
Telephone No. :
Dated :