August 2022

ZURICH

Request Form

Additional Medical Tests

Details of life insured

Plan name

Member number

Title ◯ Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Dr Other

Surname

Given name(s)

Date of birth / / Date of application(s) (dd/mm/yyyy) / /

Home phone Work phone Mobile phone

Email

Gender ◯ Male ◯ Female Smoker ◯ Yes ◯ No

Marital status ◯ Single ◯ De facto ◯ Married ◯ Widow/Widower

Dear Doctor/Pathologist,

The above client has applied to Zurich for insurance cover.

Could you please arrange for the client to undergo the following test(s) where ticked.

Tests requested

- ◯ MediQuick
- ◯ Medical with:
  - ◯ GP ◯ Specialist
- ◯ Fasting MBA-20 (including HDL/LDL)
- ◯ HIV
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ Other
- ◯ Resting ECG
- ◯ Stress (exercise) ECG
- ◯ MSU
- ◯ Spirometry (including FEV1, FEV, VC, PEFR)
- ◯ Three blood pressure readings taken at five minute intervals
- ◯ FBC
- ◯ PSA
- ◯ Fasting Lipids (including HDL/LDL)
- ◯ Glycosylated Haemoglobin (HbA1c)
- ◯ Iron Studies to include Ferritin and Transferrin Saturation
- ◯ Fasting Blood Glucose
- ◯ Liver Function test (including AST, ALT, GGT)

Details

Adviser name

Adviser number:

Date (dd/mm/yyyy) / /

Group Risk Administration

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Email: group.risk.uw@zurich.com.au
Website: zurich.com.au
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