

Express examination form

This form is to be completed only on request by Zurich Underwriting. To avoid delays, please check that all questions have been answered fully. Please use **BLOCK LETTERS**.

Policy number/s



Policy type: Wealth Protection Active Sumo FutureWise

Section 1 is to be completed by the life insured and Sections 2 and 3 by the medical examiner

1 Life insured details

Title	Surname	Date of birth		/	/
Given names			State		
Address			Postcode		
Occupation		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Adviser name		Adviser number			

The medical examiner is required to complete this section

2 Measurements

(a) Height (without shoes)	cm	Weight	kg	Abdomen	cm
Hip	cm	Chest expiration	cm	Chest inspiration	cm

(b) Pulse rate per minute

(c) What is the blood pressure – (Auscultatory method)? The Diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.

Systolic	<input type="text"/> (mm Hg)	<input type="text"/> (mm Hg)	<input type="text"/> (mm Hg)
Diastolic	<input type="text"/> (mm Hg)	<input type="text"/> (mm Hg)	<input type="text"/> (mm Hg)

(d) Urine examination – the urine should be passed at the time of the examination. If not, please state circumstances.

Examination of the urine by dipstick test:

Does the urine contain

(i) Albumin Yes No If 'Yes', please provide details

(ii) Glucose Yes No If 'Yes', please provide details

(iii) Blood Yes No If 'Yes', please provide details

3 Medical examiner details

Summary – please comment on any unfavourable features observed during examination

Name of medical examiner

Qualifications

Address

State

Postcode

Signature of medical examiner

Date

X

/ /

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**

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