

Medical examination form

This form is to be completed only on request by Zurich Underwriting. To be completed by the medical examiner. 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

1 Life insured details

Title	Surname		
Given names	Date of birth	/	/
Address	State	Postcode	
Contact details	Work ()	Home ()	
	Mobile	Email	

2 Declaration

The proposed life insured states as follows:

1. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
2. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
3. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
4. I authorise Zurich to approach any person named in this form to verify any aspect of it. In the same way, I authorise any person named in this form to disclose any information they may possess about me to Zurich.

Signature of life insured

Date

X

/ /

The above was signed in my presence and discussed where I considered it appropriate.

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.

Adviser name

Adviser number

If you have any queries please contact your financial adviser, call Zurich Customer Care on 131 551 or email: life.newbusiness@zurich.com.au

Medical examination form – to be completed by a GP or medical specialist only

Confidential medical report to Zurich for insurance

The information regarding your findings should NOT be given to any other person. Exception may be made subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant.

Zurich's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors including the type of insurance sought. The examiner is therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability. This form must be posted direct to Zurich immediately on completion of examination.

To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

On the medical condition of (name)

1 Introduction

(a) Are you acquainted with the examinee

Professionally? Yes No For how long?

Personally? Yes No For how long?

(b) Is there anything unfavourable in appearance, development or behaviour? Yes No

Yes No

If 'Yes', provide details

(c) Is there any indication of past or present abuse of alcohol or of the misuse of drugs? Yes No

Yes No

If 'Yes', provide details

2 Measurements

Provide the following measurements. Measurements must be actual wherever possible

(a) Height (without shoes) cm Weight (clothed) kg

Chest expiration (next to skin) cm Chest inspiration cm

Abdomen at umbilicus (next skin) cm Hip cm

(b) If chest expansion is less than 5cm comment as to apparent cause or provide peak flow meter reading if available

3 Respiratory system

(a) Is there any abnormality of the respiratory system to palpation, percussion or auscultation? Yes No

Yes No

If 'Yes', provide details

(b) Is there any sign of past or present respiratory disease? Yes No

Yes No

If 'Yes', provide details

4 Circulatory system

- (a) What is the rate and character of the pulse? Pulse rate Character
-
- (b) What is the position of the apex beat of the heart? In the intercostal space from mid-sternal line cm
-
- (c) Is there any evidence of cardiac enlargement? Yes No
- If 'Yes', provide details

- (d) Is there any abnormality in the heart sounds or rhythm? Yes No
- If 'Yes', provide details

- (e) Is there any murmur present? Yes No
- If 'Yes', describe fully including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur

- (f) 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)

- (g) Is there any abnormality of the peripheral arterial or venous circulation? Yes No
- If 'Yes', provide details

- (h) Do you consider the heart and the vascular system to be abnormal? Yes No
- If 'Yes', provide details

- (i) Is the examinee now on treatment for hypertension or Hypercholesterolaemia? Yes No
- If 'Yes', provide details

Pre-treatment level including dates (if known)

Duration of treatment

Nature of treatment

5 Digestive and lymphatic systems

- (a) Is there any abnormality of the tongue, mouth or throat? Yes No
If 'Yes', provide details
-
- (b) Is there any abnormality or evidence of disease of any abdominal organ, including liver and and spleen? Yes No
If 'Yes', provide details
-
- (c) Is there any abnormality of lymph nodes in the neck, axillae or inguinal regions? Yes No
If 'Yes', provide details
-
- (d) Is a hernia present? Yes No
If 'Yes', provide details
-

6 Genito-urinary systems

- (a) Urine examination (the urine should be passed at the time of examination if not, state circumstances). If albumin is found, an early morning specimen should be examined and findings recorded here before completing the report

Does the urine contain:

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

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

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

- (b) Is there any evidence of abnormality of the genito-urinary systems? Yes No
If 'Yes', provide details
-

- (c) FEMALES – Is the examinee pregnant? Yes No
If 'Yes', advise expected date of confinement / /
-

7 Nervous system

- (a) Is there any defect or abnormality of the eyes? Yes No
If 'Yes', provide details
-

- (b) Is there any defect in hearing or speech. In cases of present or past ear discharge or deafness, state result of auriscopic examination? Yes No
If 'Yes', provide details
-

- (c) (i) Is there any evidence of mental abnormality? Yes No
If 'Yes', provide details
-

- (ii) Is there any evidence of disorder of the central or peripheral nervous system? Yes No
If 'Yes', provide details
-

8 Musculoskeletal system and skin

(a) Is there any abnormality of the form or function of

(i) the joints?

Yes No

If 'Yes', provide details

(ii) the muscles or connective tissues?

Yes No

If 'Yes', provide details

(iii) the back or neck including the cervical and lumbar spine?

Yes No

If 'Yes', provide details

(b) Is there any evidence of any disorder of the skin?

Yes No

If 'Yes', provide details

9 Breast examination – Females only

(a) Has the examinee (requestor) advised a breast examination is required for the insurance cover applied for?

No – go to summary

Yes – has the examinee had a mammogram or breast ultrasound within the last 12 months and would prefer to provide a copy of these results than undertake a breast examination?

Yes – go to summary

No – go to next question

(b) Is there any palpable abnormality detected e.g. cyst, lumpiness?

Yes No

If 'Yes', provide details

(c) Is there any evidence of nipple abnormality e.g. distortion or discharge?

Yes No

If 'Yes', provide details

10 Summary

(a) Do you consider any medical attendant's reports or any special tests to be required? No special tests are to be carried out in connection with the proposal for insurance without the Company's authority.

Yes No

If 'Yes', provide details

(b) Do you consider the person examined to be likely to require any surgical operation or future medical treatment?

Yes No

If 'Yes', provide details

10 Summary (continued)

(c) Comment fully on any unfavourable features (either physical or mental) which could either reduce life expectancy or cause temporary or permanent disablement:

(i) In the personal or medical history

(ii) Disclosed by your medical examination

11 Declaration

I declare that the information provided is true and correct to the best of my knowledge

Name

Qualifications

Address State Postcode

Contact number

Signature of medical examiner Date

X / /

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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**