

BLOOD PRESSURE QUESTIONNAIRE

The medical examiner is requested to question the proposed insured in order to bring out full particulars including dates.

Name of Proposed Insured

Date of Birth

1. Have you ever been told that your blood pressure was elevated? Yes No

Day	Month	Year	Readings

2. Have you ever received treatment for high blood pressure? Yes No

Date	Names of Drugs

3. Are you currently taking drugs for blood pressure? Yes No

If not, when was treatment discontinued:

4. Names and addresses of Doctors consulted.

Names	Addresses

I declare that the above statements are full, complete and true and agree that they shall form part of my application for the policy.

I hereby authorize any physician or practitioner who has observed me for diagnosis or treatment, or for any disease or ailment, or any hospital or clinic where I have been a patient for diagnosis, treatment, disease or ailment, or any insurance company to which I have applied or other organisation, institution or person that has any record or knowledge of me or my health, to give full particulars, including any prior medical history, to Sagicor Life Inc., a photocopy of this authorization shall be as valid as the original.

Date

.....Examiner

.....Signature of Proposed Insured



Sagicor Life Inc.

EXAMINER'S REPORT

1. Blood Pressure

		SYSTOLIC	DIASTOLIC	PLUSE
		Cessation of Sound		
Date	Time			
	A.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	P.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Additional Readings

		SYSTOLIC	DIASTOLIC	PLUSE
		Cessation of Sound		
Date	Time			
	A.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	P.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>

		SYSTOLIC	DIASTOLIC	PLUSE
		Cessation of Sound		
Date	Time			
	A.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	P.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Are there any abnormal signs in the fundoscopic examination of the retina?

4. Remarks:

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Examiner

