



7	DIGESTIVE ORGANS a) Do palpation and percussion suggest any pathological changes of the abdomen or is there tenderness or pressure over the epigastrium ? If so, Please give details. b) Is there evidence of enlargement of the liver and or spleen ? c) Is there hernia ? d) Condition of teeth ?	a) ... .. b) ... .. c) ... .. d) Good { } Fair { } Poor { }
8	GENITO-URINARY ORGANS a) Urinalysis (the urine should be passed in the presence of the Medical Examiner) b) Is there any suspension of the sexual organs (Prostate Gland), testes, epididymis ? c) Is hydrocele present ?	a) Albumin:      Sugar: b) ... .. c) ... ..
9	EYES AND EARS Is there any disease of the Eyes or Ears ? If so, please describe and indicate whether uni-or bilateral.	
10	NERVOUS SYSTEM Is there any suspicion of mental or neurological disorder ?	
11	SKIN AND BONES a) Is any evidence of skin disease ? b) Is there any evidence of disease of the bones or joints ?	a) ... .. b) ... ..
12	MODE OF LIVING Is the proposer/life to be assured occupation or mode of living likely to be detrimental to his health ?	
13	AIDS Has the proposer ever been counseled or Medically advised in connection with AIDS or had an AIDS blood test ? If so please give details, date and results.	
14	For female lives only a) Is there any disease of the breasts ? b) Is there any evidence of pregnancy ? c) Do you suspect any disease of uterus, cervix or ovaries ?	a) ... .. b) ... .. c) ... ..
15	OTHER REMARKS, if any:	

I hereby declare that I have today examined the Proposer and have answered the foregoing questions to the best of my knowledge and belief.

Date ..... Place .....

Medical Examiner's Signature ..... Qualification and NMC No. ....

Name ..... Address .....

Signature of the Proposer/life to be assured .....

*(to be signed in the presence of the Medical Examiner in the language as signed in Proposal Form)*

स्वास्थ्य परिक्षकको अगाडि प्रस्ताव फाराममा भरेको भाषामा दस्तखत गर्ने

साक्षी  
(यदि प्रस्तावक वा बीमा चाहने  
व्यक्ति निरक्षर भएमा)

जीवन बीमा प्रस्तावकको दस्तखत  
(यदि बीमा प्रस्तावक र बीमा चाहने  
व्यक्ति फरक भएमा)

जीवन बीमा चाहने  
व्यक्तिको नाम/दस्तखत