Gan Direct INSURANCE

Medical examination

Please indicate all pathological or abnormal findings

Name of the applicant

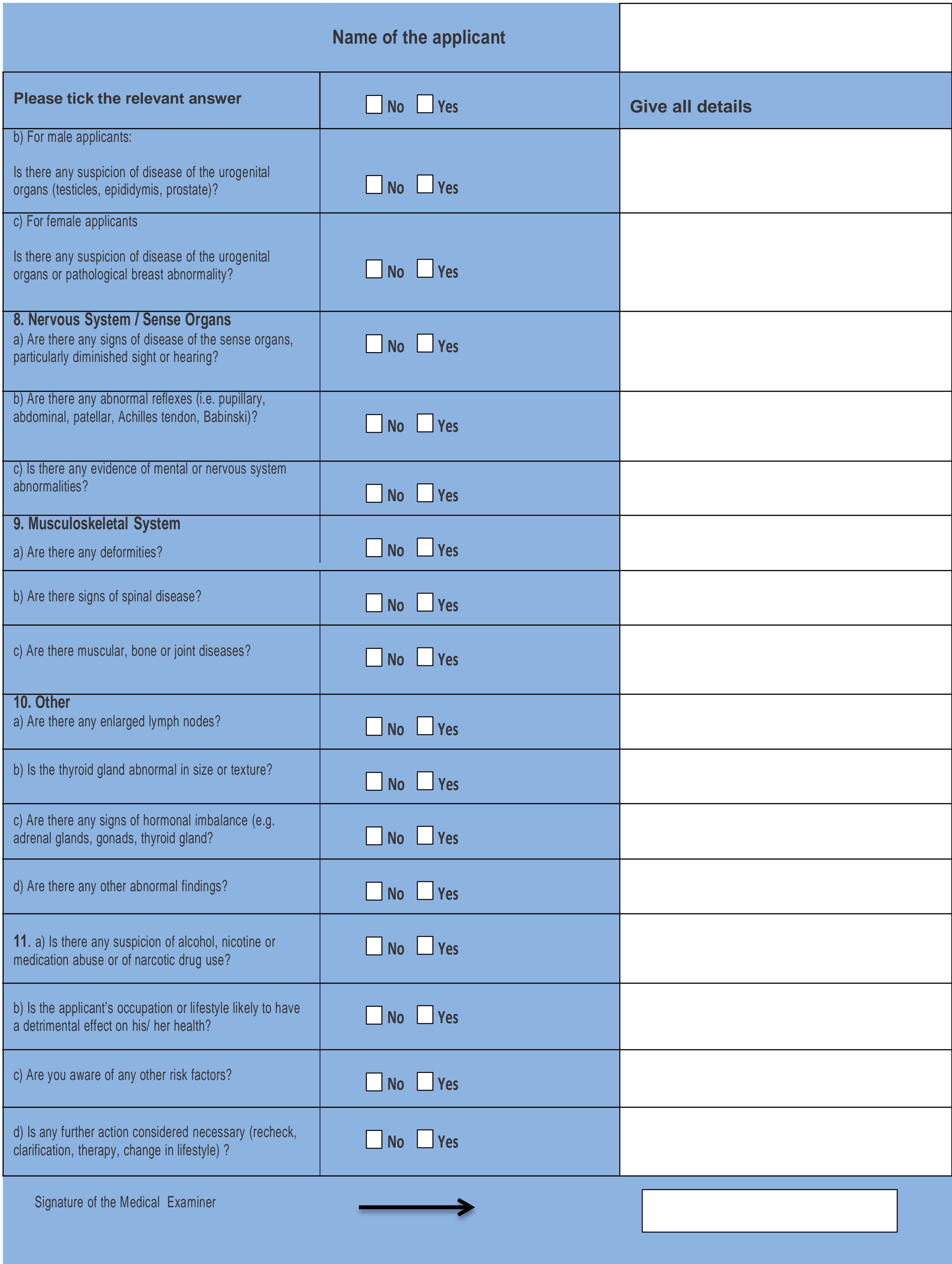
Please tick the relevant answer	☐ No ☐ Yes	Give all details
1. a. Date of examination	→	
b. Do you personally know the person to be inured?	→	☐ Personally known ☐ Identity checked on the basis of: __ Passport __ID __ Driving license
c. Have you previously examined or treated the applicant?	☐ No ☐ Yes	When? Why?
d. Are you related to the applicant?	☐ No ☐ Yes	
2. Height (without shoes) / Weight (without clothes) If overweight	→ →	_______cm ____kg Abdominal girth: ____cm Hip measurement:____cm
3. Skin a) Are there any signs of skin disease (e.g. rashes, ulcers, swellings, etc.)?	☐ No ☐ Yes	What? Where?
b) Are there any scars, suspicious naevi?	☐ No ☐ Yes	What? Where?
4. Respiratory Organs a) Is there any hoarseness or coughing ?	☐ No ☐ Yes	Since when ? Cause ?
b) Is there any abnormality in the shape and curvature of the thoracic cage?	☐ No ☐ Yes	
c) Are the results of percussion and auscultation abnormal?	☐ No ☐ Yes	
d) Are any other signs of disease of the respiratory organs present?	☐ No ☐ Yes	
5. Heart and Circulation a) Is the apex beat displaced?	☐ No ☐ Yes	
b) Are the heart sounds abnormal (intensity, split)?	☐ No ☐ Yes	
c) Is there a heart murmur? If yes: Systolic? Diastolic? Point of maximum intensity and transmission? Is the heart murmur organic?	☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes → ☐ No ☐ Yes	

Signature of the Medical Examiner →

Gan Direct INSURANCE

Name of the applicant		
Please tick the relevant answer	☐ No ☐ Yes	**Give all details**
d) Blood pressure, pulse rate Please repeat if the result is over 140/90 mmHg	→	Beats per minute: ☐ Blood pressure in mmHg Systolic: ☐ Diastolic: ☐ 2nd reading Systolic: ☐ Diastolic: ☐
e) Is the pulse irregular?	☐ No ☐ Yes	
f) Is pulsation of the pedal arteries absent or diminished?	☐ No ☐ Yes	Bilaterally?
g) Are there audible vascular sounds?	☐ No ☐ Yes	Where?
h) Are there any signs of insufficiency or decompensation (short- ness of breath cyanosis, oedema)?	☐ No ☐ Yes	
i) Are there any varicose veins?	☐ No ☐ Yes	Severity, extent, ulcers, scars?
6. Digestive Organs and Abdomen a) Are there any abnormalities of the tongue, tonsils, mucous membrane of throat?	☐ No ☐ Yes	
b) Are there any abnormalities on examination, palpation and percussion of the abdomen (Stomach, liver, gall bladder, aorta, spleen, and intestines)?	☐ No ☐ Yes	
c) Are there any signs of disease of the digestive system?	☐ No ☐ Yes	
d) Is a hernia present?	☐ No ☐ Yes	
7. Urogenital Organs a) Urinalysis: Presence of albumin? Presence of sugar?	 ☐ No ☐ Yes ☐ No ☐ Yes	 If yes, please quantify Further findings:
Signature of the Medical Examiner	→	☐

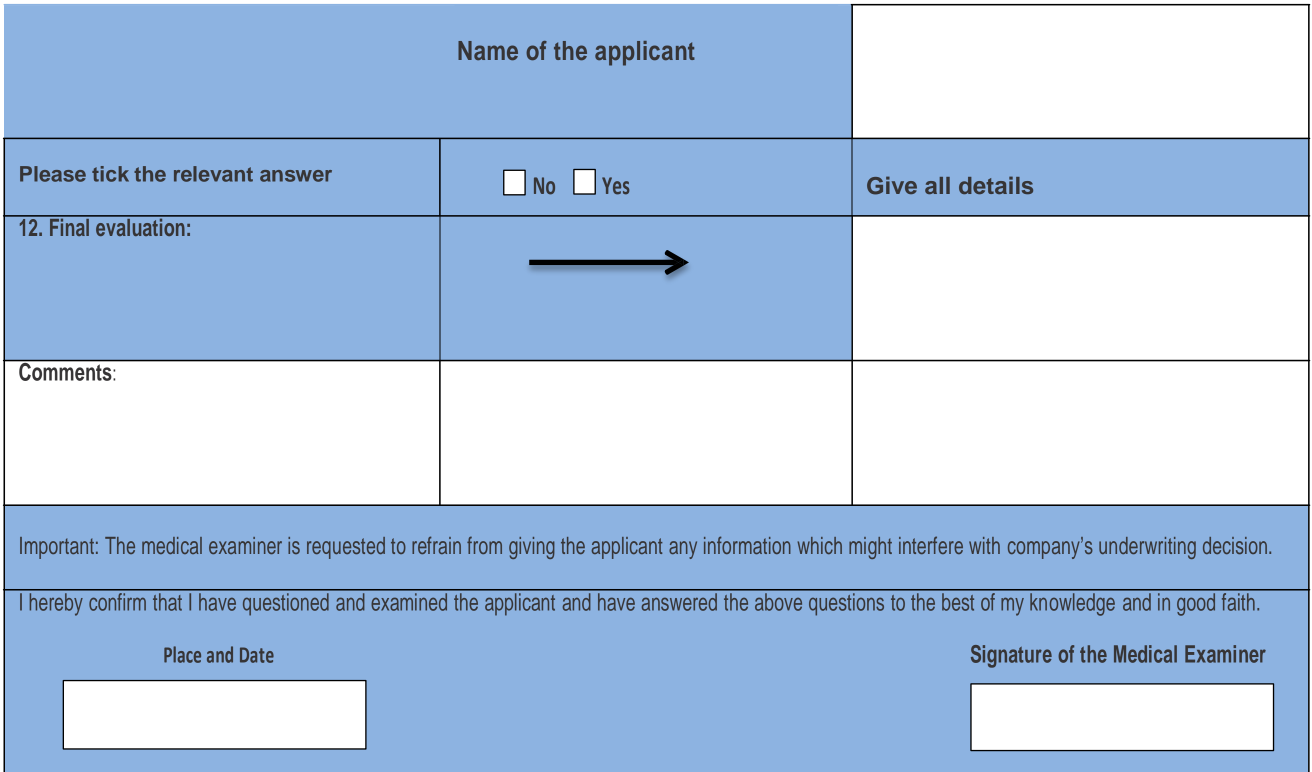
Gan Direct INSURANCE



Name of the applicant		
Please tick the relevant answer	☐ No ☐ Yes	**Give all details**
b) For male applicants: Is there any suspicion of disease of the urogenital organs (testicles, epididymis, prostate)?	☐ No ☐ Yes	
c) For female applicants Is there any suspicion of disease of the urogenital organs or pathological breast abnormality?	☐ No ☐ Yes	
8. Nervous System / Sense Organs a) Are there any signs of disease of the sense organs, particularly diminished sight or hearing?	☐ No ☐ Yes	
b) Are there any abnormal reflexes (i.e. pupillary, abdominal, patellar, Achilles tendon, Babinski)?	☐ No ☐ Yes	
c) Is there any evidence of mental or nervous system abnormalities?	☐ No ☐ Yes	
9. Musculoskeletal System a) Are there any deformities?	☐ No ☐ Yes	
b) Are there signs of spinal disease?	☐ No ☐ Yes	
c) Are there muscular, bone or joint diseases?	☐ No ☐ Yes	
10. Other a) Are there any enlarged lymph nodes?	☐ No ☐ Yes	
b) Is the thyroid gland abnormal in size or texture?	☐ No ☐ Yes	
c) Are there any signs of hormonal imbalance (e.g. adrenal glands, gonads, thyroid gland?	☐ No ☐ Yes	
d) Are there any other abnormal findings?	☐ No ☐ Yes	
11. a) Is there any suspicion of alcohol, nicotine or medication abuse or of narcotic drug use?	☐ No ☐ Yes	
b) Is the applicant's occupation or lifestyle likely to have a detrimental effect on his/ her health?	☐ No ☐ Yes	
c) Are you aware of any other risk factors?	☐ No ☐ Yes	
d) Is any further action considered necessary (recheck, clarification, therapy, change in lifestyle) ?	☐ No ☐ Yes	

Signature of the Medical Examiner →

Gan Direct
INSURANCE



Name of the applicant		
Please tick the relevant answer	☐ No ☐ Yes	**Give all details**
12. Final evaluation:	→	
Comments:		

Important: The medical examiner is requested to refrain from giving the applicant any information which might interfere with company's underwriting decision.

I hereby confirm that I have questioned and examined the applicant and have answered the above questions to the best of my knowledge and in good faith.

Place and Date

Signature of the Medical Examiner