



MEDICAL EXAMINER'S REPORT

Examination is to be made in private and findings are to be treated confidentially.

Mail completed examination to **Petersen International Underwriters**, Lloyd's Correspondents,
23929 Valencia Blvd. # 215, Valencia, CA 91355, 1-800-345-8816 ★ Fax 661 254-0604 ★ E-mail [@piu](mailto:piu@piu.com).

1. a. Name _____		b. How did you identify the person examined? _____		c. Have you ever attended this applicant before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. a. Age: _____		b. Does the applicant appear older? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Does appearance indicate health and vigor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Are you related to the person examined or the writing representative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. a. HEIGHT: In shoes: _____ ft. _____ in.		Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. WEIGHT _____ pounds.		Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. GIRTH					
Chest at forced inspiration _____ in.					
Chest at forced expiration _____ in.					
Abdomen _____ in.					
4. BLOOD PRESSURE					
Systolic _____		Diastolic _____		5th Point Disappearance of Sound _____	
1st Reading _____					
2nd Reading _____					
3rd Reading _____					
5. PULSE					
		Pulse _____		Premature Contractions (Count pulse for one full minute) _____	
a. At rest _____					
b. Immediately after exercise _____					
c. Three minutes after exercise _____					
d. Is arrhythmia present? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe any irregularity: _____					
6. URINALYSIS					
Specific Gravity _____		Albumin _____ Test _____		Sugar _____ Test _____	
Mail remainder of specimen to laboratory on all applicants.					
7. SMOKING					
Has Proposed Insured smoked cigarettes at any time within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Used other tobacco products? (If "yes," describe) <input type="checkbox"/> Yes <input type="checkbox"/> No					

**IMPORTANT: Are you sending, or have you arranged to send an
X-RAY, BLOOD PROFILE or ELECTROCARDIOGRAM?**

EKG: Yes No X-RAY: Yes No BLOOD PROFILE: Yes No

Examination made at: My office Applicant's residence Applicant's place of business

I CERTIFY that the above and the reverse side are a record of a careful examination on this date of the person described herein whose answers were recorded as given to me, and whose signature on the reverse side was written in my presence.

Date: _____ Time: _____ AM/PM

Please print or stamp your name and address:

Name _____ FAX _____

Address _____

Signature of Examiner