บริษัท เอฟดับบลิวดี ประกันชีวิต จำกัด (มหาชน)
ชั้น 28 อาคารสินธร ทาวเวอร์ 3 เลขที่ 130-132 ถนนวิทยุ แขวงลุมพินี เขตปทุมวัน กรุงเทพฯ 10330
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MEDICAL EXAMINATION REPORT – FOR JUVENILE

ใบรายงานการตรวจสุขภาพ อายุต่ำกว่า 16 ปี

MEDICAL EXAMINER'S REPORT IN CONNECTION WITH APPLICATION FOR JUVENILE POLICY
TO BE USED ONLY IN CASE OF CHILDREN UNDER AGE OF 16 YEARS (Last Birthday)

Part 1. EXAMINATION OF CHILD (Strip child to waist)

Full name of Child examined ☐ Male ☐ Female	Date of birth	Height (cms)	Age
	Agent's Name and code	Weight (kgs)	Race

	YES / NO	Details of "YES" answers. (Identify Item)
1. A. Has the child any impairment of physical growth or mental development or peculiar look ?	☐ ☐	.....
B. Has the child any impairment of sight or hearing ?	☐ ☐	.....
C. Has the child any deformity or lameness ?	☐ ☐	.....
D. Has the child been hospitalized ? When ? Where ? Why ?	☐ ☐	.....
2. After careful inquiry and examination, do you find any evidence of past or present illness of :		
A. Brain or nervous system ? convulsion ?	☐ ☐	.....
B. Heart or lungs ?	☐ ☐	.....
C. Abdomen, kidneys or urinary tract ?	☐ ☐	.....
D. Bones, joints or muscles ?	☐ ☐	.....
E. Eyes, ears, nose, throat, skin, glands or other parts of the body ?	☐ ☐	.....
F. Endocrine or other diseases ?	☐ ☐	.....
3. Are you satisfied as to Child's identity ?	☐ ☐	.....
4. Is the child normal and healthy in your opinion ? (Any weight change in the past 6 months ?)	☐ ☐	.....
5. Urinalysis (Any over 5 yrs) Albumin..... Sugar ..... Occult Blood		.....

Part 2. EXAMINATION OF ADULT APPLICANT (examine heart and lungs on bare skin)

Name of applicant ☐ Male ☐ Female	ID Card No.	Date of birth	Age	Relationship of Applicant to child

Height (in low shoes) cm.	Weight (without coat) kg.	Chest (force inspiration)	Chest (force expiration)	Abdomen (at umbilicus)

BLOOD PRESSURE (If over 140 systolic or 90 diastolic record 3 readings)

Systolic			
Diastolic (5th phase)			

PULSE

	At Rest	After Exercise	3 Minutes Later
Rate Per Minute			
Irregularities Per Minute			

Exercise only if irregular pulse, heart murmur, BP over 150/100 or pulse <60 BPM

URINALYSIS :	Albumin	Sugar	Occult Blood

	Yes / No	Details of "YES" answers.
1. A. Is applicant's general appearance physically and mentally ? ☐ healthy ☐ unhealthy	☐ ☐	.....
B. Does applicant appear older than age given ?	☐ ☐	.....
C. Is there any impairment of sight or hearing ?	☐ ☐	.....
D. Are pupillary and patellar reflexes abnormal ?	☐ ☐	.....

2. After careful inquiry and examination, do you find any evidence of past or present diseases of :	YES / NO	**Details of "YES" answers.**
A. Brain or nervous system ?	☐ ☐	.....
B. Heart, lungs or blood pressure ?	☐ ☐	.....
C. Alimentary System ?	☐ ☐	.....
D. Genito-Urinary system, breast mass ?	☐ ☐	.....
E. Bones, joints or muscles ?	☐ ☐	.....
F. Eyes, ears, nose, throat ?	☐ ☐	.....
G. Endocrine, skin, glands or other parts of the body ?	☐ ☐	.....
3. A. Has he / she ever had treatment for DM or Hypertension or any chronic illness ?	☐ ☐	.....
B. Has he / she received any operation or hospitalization In the past 5 years ? When ? Where ? Why ?	☐ ☐	.....
4. FOR FEMALE APPLICANT ONLY		
A. Is she now pregnant ? L.M.P. ?	☐ ☐	.....
B. Have her menstruation, pregnancies and labors been abnormal ?	☐ ☐	.....
C. Has she ever had any disease peculiar to her sex ?	☐ ☐	.....
5. Do you consider the risk as Excellent, Good, Fair or Poor ? (If fair or poor give reasons)		.....
6. Identification marks		.....**(Applicant's Signature)**

Additional remarks : state anything discovered by you, not set forth fully above, which may influence the risk :

.....

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ข้าพเจ้าขอรับรองว่าเป็นผู้ปกครอง และได้นำผู้เยาว์นี้มารับการตรวจจากแพทย์จริง

ลงชื่อ ..... ผู้ปกครอง

(.....)

VALIDATION BY DOCTOR PERFORMING MEDICAL EXAMINATIONS

	Yes	No
Did you see proof of identity?	☐	☐
Did you personally perform the examination?	☐	☐
Did the Proposed Insured sign the authorization in your presence?	☐	☐

I certify that I have made this examination in private at ..... (Address)

Date : ...../...../..... Time : ..... (AM. / PM.)

Signature ..... M.D.

(.....)

Medical Examiner

Code No. ☐☐☐☐☐☐☐