FWD insurance
บริษัท เอฟดับบลิวดี ประกันชีวิต จำกัด (มหาชน)
เลขที่ 130-132 อาคารสินธรทาวเวอร์ 3 ชั้น 14, 16, 26 - 29
ถนนวิทยุ แขวงลุมพินี เขตปทุมวัน กรุงเทพฯ 10330
ศูนย์บริการลูกค้าเอฟดับบลิวดี 1351 เลขทะเบียนบริษัท 0107563000304
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MEDICAL EXAMINATION REPORT – FOR JUVENILE
ใบรายงานการตรวจสุขภาพสำหรับผู้ขอเอาประกันภัยที่อายุต่ำกว่า 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

Part 1 EXAMINATION OF CHILD (strip child to waist)

Full name of Child examined ☐ **Male** ☐ **Female**	**Date of birth** / **Age**	**Race**	**Height** (cms) / **Weight** (kgs)	**Agent's Name:** / **Code:**

	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 (Age over 5 yrs.) Albumin..... Sugar..... Occult Blood.....			

ข้าพเจ้าขอรับรองว่าเป็นผู้ปกครอง และได้นำผู้เยาว์นี้มารับการตรวจจากแพทย์จริง

ลงชื่อ.....ผู้ปกครอง
(.....) วันที่...../...../.....

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

.....

.....

I hereby certify that I have made this examination in private at.....Date...../...../.....Time.....

Signature.....M.D.
(.....) Code/License No.....

USE PART 2 in 2nd page for EXAMINATION OF ADULT APPLICANT

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)	**Weight** (without coat)	**Chest** (force inspiration)	**Chest** (force expiration)	**Abdomen** (at umbilicus)	**DETAILS of "Yes" answers.** (Identify item)

	Yes / No
1. The applicant appears : ☐ Healthy ☐ Unhealthy ☐ Older than stated age	
2. (a) Are you personally or professionally acquainted with the applicant? If so, how long?	☐ ☐
(b) Is there any reason to suspect intemperate habits?	☐ ☐
(c) Are there any identification marks (such as scars, birthmarks etc)?	☐ ☐
3. Do you find any evidence of past or present disease or abnormality of:-	Yes / No
(a) Eyes, ears, nose, throat and mouth (including impairment of sight or hearing)?	☐ ☐
(b) Thyroid or other endocrine glands or metabolic and haemopoietic systems?	☐ ☐
(c) Breast (Mass, Surgical scar or Mastectomy)?	☐ ☐
(d) Respiratory system (lungs, pleura, chest wall)?	☐ ☐
(e) Abdomen (including stomach, liver, spleen, hernias, mass)?	☐ ☐
(f) Genito-urinary system?	☐ ☐
(g) Skin, bones or joints (including varicose veins, deformities, lameness, amputations, surgical scar)?	☐ ☐
(h) Central or peripheral nervous system (including reflexes, gait, paralysis)?	☐ ☐
4. **Heart** : Apex beat located in.....intercostal space.....inches to the left of MIDSTERNAL line.	Yes / No
Murmur* (Supine Position) If murmur is present, describe below	☐ ☐
Grade (on scale of 1 to 6).....	
Location : ☐ apex ☐ base ☐ over.....area	
Timing : ☐ systolic ☐ diastolic ☐ presystolic	
Transmission : ☐ none ☐ axilla ☐ scapula	
Sitting position : ☐ absent ☐ decreased ☐ unchanged ☐ increased	
Diagnosis :.....	
Do you suspect any abnormality in the heart or vascular system?	☐ ☐

5. **Blood Pressure***

Systolic			
Diastolic			

If over 140 systolic or 90 diastolic or with history of hypertension, record 3 readings.

6. **Pulse***

Rate per minute	
Irregularities	

*** EKG if Heart murmur, BP over 140/90, Irregular pulse or pulse rate < 60 or > 100 per minute**

7. **Urinalysis** : If blood was detected in female client, please indicate LMP. Send specimen to laboratory for microscopic urinalysis if :	**Albumin**	**Sugar**	**Blood**
(a) Blood pressure is over 140/90.			
(b) Albumin, blood or sugar is present.			
(c) There are any findings or history of urinary tract disease.			
(d) Applicant is diabetic or under treatment for high blood pressure			
(e) Family history of diabetes.			

	Yes / No
8. Do you find or suspect any signs or symptoms related to HIV infection or AIDS, such as	
(a) Lymph node enlargement.	☐ ☐
(b) Oral candidiasis or Oral hairy leucoplakia.	☐ ☐
(c) Abnormal skin rash.	☐ ☐
(d) Herpes Zoster, Herpes Simplex, Psoriasis etc.	☐ ☐
9. (a) Are you aware of any unfavorable features likely to affect his/her longevity	Yes / No
I. in the personal or family history?	☐ ☐
II. Disclosed by your medical examination?	☐ ☐
(b) Do you recommend any additional tests or reports?	☐ ☐

I hereby certify that I have made this examination in private at.....Date...../...../.....Time.....

Signature.....M.D.

(.....) Code/License No.....