

# Medical Examiner's Certification Form

## For Term Insurance Policies

### Applicant's Details

Full Name

Date of Birth

Gender

Select

Policy Number

Date of Examination

Address

### Medical Examination Details

Height

cm / ft

Weight

kg / lbs

Blood Pressure

e.g. 120/80 mmHg

Pulse

bpm

General Health Comments

Relevant Medical History

Abnormalities or Other Findings

**Medical Examinerâ€™s Certification**

I hereby certify that I have examined the above-named applicant and the details provided above are accurate to the best of my knowledge.

Medical Examinerâ€™s Signature

\_\_\_\_\_  
Date

Medical Examiner's Name

License Number

Contact Number