

# Life Insurance Medical Certificate

## Personal Details

Full Name:

---

Date of Birth:

---

Address:

---

Policy Number:

---

## Examination Details

Date of Examination:

---

Height:

---

Weight:

---

Blood Pressure:

---

Medical History:

---

Current Medication:

---

Other Observations:

---

## Doctor's Declaration

Doctor's Name:

---

Qualification:

---

Medical Registration No.:

---

Signature:

---

Date:

---