

Life Insurance Medical Exam

Personal Information

Full Name

Date of Birth

Gender

Phone Number

Email Address

Address

Medical History

Have you been diagnosed with any chronic illnesses?

If yes, please specify:

Do you take any medication regularly?

If yes, list the medications:

Do you have any allergies?

If yes, specify allergies:

Lifestyle

Do you smoke?

Do you consume alcohol?

Do you exercise regularly?

If yes, how many times per week?

Family Medical History

Has any immediate family member been diagnosed with serious illnesses (e.g., cancer, heart disease, diabetes)?

If yes, specify relationship and illness:

Exam Measurements

Height (cm)

Weight (kg)

Blood Pressure

Pulse Rate (bpm)

Examiner Comments