



၁၀၈။ ဆင်နှင့် တစ်နှစ် အနည်းဆုံး ဝေဒါးဆင်သူက ဆင့်ကို များ မိတ်ဆွေအဖွဲ့ \_\_\_\_\_  
 ကြောင့်အတွင်းကဆွေဆိုခဲ့သော ဆင်နှင့် ဆွေမျိုးမဆက်လက်ဆွေ နေရင်ထိပ်စာ \_\_\_\_\_  
 ဆင်၏ မိတ်ဆွေထပ်ပြီး၏ အဖွဲ့နှင့် ထိပ်စာများကို ဝေဝေပြု မှုးသားပေါ့။  
 ဤမိတ်ဆွေနှင့် ထိထည့်မှာ \_\_\_\_\_ နှစ်ရှိပါပြီ။

အထက်ပါ လှူနှိပ်၏ထွက်ဆိုချက်များသည် မှန်ကန်ကြောင်း ပြောပြပါသည်။ ၎င်းအပြိုင် ဤထွက်ဆိုချက်များနှင့် ဤကြေညာချက်သည် ဤလုပ်ငန်းစဉ် ဆိုအပ်သော အချာငန်၏စစ်ဆေးမှုတွင် ထွက်ဆိုသော ထွက်ဆိုချက်များနှင့် ဝေဒနှင့် ဆင်ဆိုသော ကြေညာချက်များသည် ငွေနှင့် လှူနှိပ်ချက်ဆိုသော ပစ္စည်းတို့စာချက်၏ အခြေခံ အမှတ်ကြီးများ ပြန်ပြန်ဆို ဆင်တော့ဝေပါသည်။ အထက်ရှိ ဝေဒပြုပြီးသောထွက်ဆိုချက်များတွင် မှန်ကန်သော အချက်များရှိပါလျှင် ဤအဝေခံအတွက် ပေးသွင်းရမည့် စွေအားပေးကို ထိပ်သွင်းနှင့် ဤအဝေခံ လုံးပျက်ထွက်ပြင်ဆို ဆင်တော့ဝေပါသည်။

\_\_\_\_\_ မြို့နယ် \_\_\_\_\_ တွင် \_\_\_\_\_ နှစ် \_\_\_\_\_ က \_\_\_\_\_ ရက်နေ့တွင် ထက်မှတ်ရေးဆိုပါသည်။

အဝေခံထက်စာများ

၀၁။ အဖွဲ့ \_\_\_\_\_ ၂။ အဖွဲ့ \_\_\_\_\_  
 အလုပ်အကိုင် \_\_\_\_\_ အလုပ်အကိုင် \_\_\_\_\_ အဝေခံအားလျက်ထက်မှတ် \_\_\_\_\_  
 ထိပ်စာအပြည့်အစုံ \_\_\_\_\_ ထိပ်စာအပြည့်အစုံ \_\_\_\_\_ နေရင်ထိပ်စာအပြည့်အစုံ \_\_\_\_\_  
 ထက်မှတ် \_\_\_\_\_ ထက်မှတ် \_\_\_\_\_  
 နေ့စွဲ \_\_\_\_\_

ကိုက်နှိပ်ထက်ဆိုသည့်ကိုက်စားလုပ်ငန်းစဉ် အဝေခံထက်မှတ်

အထက်ပါအဖွဲ့များကို အဆိုလွှာထက်သူကိုယ်တိုင် မြေကြီးနှင့် ထက်မှတ်ရေးဆိုရာတွင် လှူနှိပ်ဆိုလိုက် အဝေခံ ထက်စာ မြှုပ်ပါသည်။

အမှတ် \_\_\_\_\_  
 အမှတ် \_\_\_\_\_  
 ထိပ်စာ \_\_\_\_\_

ဤအဆိုလွှာကို ပို့လိုက်ပါသည်။ အဆိုလွှာထက်သူကိုယ်တိုင် အမှတ်ထပ် အဝေခံလွှာနှင့် ညွှန်ကြားစစ်ပါပြီ။ စစ်ဆေး ပြုစုသောအခါ ဆက်ဆိုသော စာရွက်စာတမ်းများကို မြန်မာ့အာခံလုပ်ငန်းဆိုရာမှ ရေကြောင်းရင်းနှီးမြှုပ်ငန်း

ကိုက်စားလုပ်ထက်မှတ် \_\_\_\_\_  
 အဖွဲ့ \_\_\_\_\_  
 အမှတ် \_\_\_\_\_

( ၁၉၅၅ ခုနှစ်၊ အဝေခံလုပ်ငန်း၊ ၉ ဝေဒဝုဒ် ၈ ၂၀ )  
 ( ၂၀၈ မည်သည့်ဥပဒေတွင် မည်သို့ပင်ပြဋ္ဌာန်းထားသော်လည်း ဤပုဒ်စာအရ မြို့ထက်အဖွဲ့ အဝေခံ ပေါ်ထိန်းရိုင်းအတွက် အဝေခံအားလျှာ ထက်မှတ်အဖွဲ့ သူတော့လွှာ အဆိုခံစားလွှာရှိရေးအဖွဲ့ )

အဝေခံအားလျက်ထက်မှတ် မြန်မာစာဖြို \_\_\_\_\_  
 အဝေခံစာဖြို \_\_\_\_\_

617/635 MERCHANT STREET, YANGON.

Sum assured,  
K. \_\_\_\_\_

Medical Officer's Report

Table and Terms

**Declaration and Personal Statement by the Proposer**

1. Full Name \_\_\_\_\_  
 Age next birthday \_\_\_\_\_  
 Race or Nationality \_\_\_\_\_  
 Married, single, widow or widower? \_\_\_\_\_  
 Occupation with nature of duties \_\_\_\_\_  
 Number of children (living) \_\_\_\_\_  
 Address \_\_\_\_\_  
 If any death, ages at death \_\_\_\_\_

Family History			If alive state age	State of health (If any are not in robust health, give details and say whether or not subject to cough)	If dead, age at death	Cause of death	How long ill?	Year of death
Father								
Mother								
	Total No.	Number living	Age		Number dead	Age at death		
Brothers								
Sisters								
Wife or Husband								

3. Are you now ever living or have you within the last five years lived in the same house with a person suffering from tuberculosis of any kind of consumption or weak lungs?

4. \*Have you ever suffered from or consulted a physician for any complaint or affection :-

- a. Of the brain or nervous system (fits, nervous breakdown, insanity, loss of consciousness, spinal disease, delirium, tremors, sunstroke, difficulty with eyesight or hearing, etc., included)?
- b. Of the throat or lung? (Pleurisy, asthma, bronchitis, habitual cough, spitting of blood or coughing and lungs or chest disease of any kind included)?
- c. Of the heart or of blood vessels (palpitation or high blood pressure included)?
- d. Of the digestive organs (dyspepsia, dysentery, liver complaint, hernia, fistula, gall stones, hepatic colic, vomiting of blood, appendicitis included)?
- e. Of the urinary or generative organs (gravel, renal colic, stricture, diabetes, gonorrhoea, rising at night to pass urine, included)?
- f. Of other complaints (such as debility, suppurating glands, gout, rheumatism, dropsy, syphilis, cancer, soft chancre, tumour, swelling, pain or other abnormality)?

\* When any question is answered in the affirmative give full details hereunder.

5. Have you ever been an inmate of any hospital, sanitarium or asylum? State why and when?  
 6. Has overwork or illness ever caused you to leave your occupation for a longer period than one month? Give details.  
 7. Have you had any other illness, disease, operation or injury? Give full details including duration from beginning to complete recovery.

<p>8. a. Have you during the past five years been treated by or consulted a physician for any complaint or affection not mentioned above? Give detail.</p> <p>b. Have you ever consulted a physician about your lungs or for cough?</p>	<p>a. _____</p> <p>b. _____</p>
<p>9. Have you ever changed your residence or occupation on account of health?</p>	<p>_____</p>
<p>10. Have you used opium, cocaine or other drugs or narcotics?</p>	<p>_____</p>
<p>11. Have you any reason to suspect that you are not in good health?</p>	<p>_____</p>
<p>12. a. Is your weight increasing, decreasing or stationary?</p> <p>b. Have you ever had small-pox and if so, which?</p> <p>c. Have you been vaccinated? If so, when?</p> <p>d. State the name of your usual medical attendant.</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p>
<p>13. Are you aware of any circumstance not disclosed above which might have an unfavorable bearing upon your life and good health?</p>	<p>_____</p>
<p>I certify that the above questions are answered by the proposer before me and that the proposer has himself signed in my presence.</p>	
<p>this _____ day of _____ 19 _____</p> <p>( Please satisfy yourself that the signature in the proposal form and that made in your presence in this statement are alike )</p> <p>_____ Medical Officer.</p>	<p>I solemnly affirm that my answers to the foregoing questions and statements are correct to the best of my knowledge and belief and form part of my application for insurance to the Union Insurance Board.</p> <p>_____ Proposer's Signature.</p> <p>Date _____</p>
<p>Address _____</p>	

**CONFIDENTIAL REPORT BY MEDICAL EXAMINER**

On the life of \_\_\_\_\_ Introduced by \_\_\_\_\_ an \_\_\_\_\_

Please remember that yours is a position of great responsibility and trust, as the final acceptance or rejection of the case is entirely dependent on the substance of this report

<p><b>1. IDENTIFICATION—</b></p> <p>a. Agent's Name.</p> <p>b. Are you satisfied with the applicant's identity?</p> <p>c. Describe two marks of identification.</p> <p>d. Are you related to the applicant or the agent?</p>	<p>a. _____</p> <p>b. _____</p> <p>c. (i) _____ (ii) _____</p> <p>d. _____</p>
<p><b>2. APPEARANCE—</b></p> <p>a. What is the state of physical development?</p> <p>b. Does the applicant look older than the stated age; if so, in what respects?</p> <p>c. Does the appearance of the applicant show—</p> <p>(i) A tendency to weakness or disease of any nature?</p> <p>(ii) Past or present intemperance?</p> <p>d. Does the applicant bear marks of small-pox or successful vaccination; if so which?</p>	<p>a. _____</p> <p>b. _____</p> <p>c. (i) _____ (ii) _____</p> <p>d. _____</p>

3. MEASUREMENTS (taken over the bare skin)—  
 a. Chest (horizontally over nipples).  
 b. Abdomen (horizontally over navel).  
 c. Height and weight (without shoes and light clothes).  
 d. Age as declared

a. On full inspiration \_\_\_\_\_ inches  
 On forced expiration \_\_\_\_\_ inches  
 b. Abdomen \_\_\_\_\_ inches  
 c. Height \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Weight \_\_\_\_\_ gr. \_\_\_\_\_ lbs.  
 d. \_\_\_\_\_ Years \_\_\_\_\_ months.

4. HEART AND BLOOD VESSELS—  
 a. (i) What is the position of the apex beat? State the intercostal in which it is found.  
 (ii) State it is feeble, augmented or diffuse.  
 b. Is there any enlargement of the heart detected on percussion?  
 c. (i) Are the heart sounds normal?  
 (ii) Are there any murmurs accompanying the heart sounds?  
 d. Are there any signs of arterial degeneration or of aneurism?  
 e. (i) State the rate and character of the pulse.  
 (ii) Note any irregularity if present and if possible state its nature.  
 (iii) Is it equal on the two sides?  
 f. Is there any fullness for the vein detected in the neck?  
 g. When the sum proposed is K5,000 and above or when applicant's age is 35 years or over the blood pressure should be stated. \* See INSTRUCTIONS BELOW

a. (i) \_\_\_\_\_ the intercostal space \_\_\_\_\_ inches from the midclavicular line  
 (ii) \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 (iii) \_\_\_\_\_  
 f. \_\_\_\_\_  
 g. Systolic \_\_\_\_\_  
 Diastolic \_\_\_\_\_

Temperature below the finger

5. LUNGS—  
 a. State the respiration rate per minute.  
 b. Is the chest normal in shape and development?  
 c. Is there any evidence of disease found on inspection, palpitation and percussion?  
 d. (i) What is the character of breath sounds?  
 (ii) Are there any accompaniments to the breath sounds? If present state their character.  
 e. State any difference in the resonance and in character of breath sounds under right and left clavicles. If any rales be present in these areas state if they persist after coughing or not.

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 e. \_\_\_\_\_

6. DIGESTIVE —  
 a. What's the condition of teeth, gums and tonsils?  
 b. Is hernia present? If so, state its nature and whether a properly adjusted truss is worn.  
 c. Does your examination disclose any abnormality in the condition of the stomach, intestines, liver gall-bladder, spleen or other abdominal viscera, or any areas of tenderness of any tumour in the abdomen?  
 d. Does the applicant suffer from piles or fistula?

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

7. GENITO-URINARY SYSTEM—  
 a. Is there any evidence of disease of kidneys, or bladder or of stricture or of syphilis (past or present) or of any disease of the prostate?  
 b. Is there any frequency of micturition? State if he rises in the middle of the night to pass urine.  
 c. Is hydrocele or any other swelling of the scrotum, testes or epididymis present? In case of hydrocele and swollen testes the girth should be stated in inches.  
 d. State the result of your examination of urine.

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. Quantity passed \_\_\_\_\_

N.B. You should be satisfied that the specimen of urine was voided by the applicant.

1. Sp. G \_\_\_\_\_ 2. Reaction \_\_\_\_\_  
 3. Sugar \_\_\_\_\_ 4. Albumin \_\_\_\_\_  
 5. Any other abnormal ingredient \_\_\_\_\_  
 6. Is it healthy? \_\_\_\_\_

\* The head of the instrument should be placed on the arm just above the elbow. The chest-piece of sphygmograph is placed just under and over the artery at the elbow. The hand is inflated until all sounds cease. On slowly releasing the air read off when the first clear sound is heard. This gives the systolic pressure. Now go on releasing the air until all sounds cease. This should be taken as diastolic pressure for insurance purposes.

TEST EMPLOYED \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>8. NERVOUS SYSTEM—</b> a. Are there any tremors of fingers and hands or tongue? b. Is there any paralysis or weakness of any parts of the body? c. Are the pupils round and equal on the two sides and do they react to light and accommodation? d. Are the knee jerks normal and equal on the two sides? e. Are the plantar responses flexor or extensor? f. Does your examination disclose any evidence of any functional or organic disease of the Nervous System?	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____
<b>9. EYE, EAR AND NOSE—</b> a. Is the eyesight normal? b. Have you detected any disease of the eye? Is there any iritis present? c. Is there any discharge from the ears? Are the eum membrane entire? d. Is there any abnormality or disease of the nasal cavity or sinuses?	a. _____ b. _____ c. _____ d. _____
<b>10. GENERAL—</b> a. Are there any marks of some skin disease? b. Are there any signs of any disease of the joints or bones? c. Can you detect any enlarged lymph glands or any evidence of any disease of the Thyroid glands? d. Have you found any tumour anywhere? e. Are there any surgical scars on abdomen, chest or neck? If so, what was the original wound? f. Have you by your thorough examination detected any abnormality or disease which might be an insurance risk and which must be included in the above queries?	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____
<b>11. FOR FEMALES—</b> a. Is she pregnant at this time? b. Has she ever had miscarriage or abortion? If so, when and of what probable cause? c. How many conceptions have taken place (stages living, healthy or stillly)? d. Are the functions of uterus and ovaries normal and period regular? e. Have the functions of the uterus ceased? f. Is there any suspicion of organic disease or over- or under-activity? g. Are the breasts healthy?	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____
<b>12. OPINION—</b> a. Please note distinctly if the party is in perfect health and of sound constitution, and if you consider his/her prospect of longevity as those of healthy persons generally of the same age. b. And if not, what circumstances in your opinion, increase the risk and how would you recommend the application to be disposed of i.e., whether it may be accepted with an extra premium or rejected? c. In what class do you place it and why?	a. _____ b. _____ c. _____

I have this day, in a place free from disturbing noises and good light, examined the above applicant in private no other person being Present.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

N.B.—(1) The Medical Reports should be forwarded direct to the Head Office.

(2) This Report should on no account be shown to the proposer or in any other person nor should any verbal information regarding it be given.

\* **FIRST CLASS—**

\* **FIRST CLASS—**Unexceptionable lives, having a prospect of average duration and no abnormal condition in their personal or family medical history.

\* **SECOND CLASS—**Lives in which the unfavourable circumstances are such as to form an objection to their assurance at ordinary rate.

N.B.—It is desirable that Medical Officer should indicate what extent he believes the duration of life would be shortened in case which cannot be pronounced first class.

Signature of Medical Officer, \_\_\_\_\_

Name in Block Letters, \_\_\_\_\_

Rank and Qualifications, \_\_\_\_\_

Whether appointed by this Board or not, \_\_\_\_\_

Postal Address, \_\_\_\_\_