

## SPECIAL HEART REPORT (Tariff Code – A2401)

INDIVIDUAL POLICY  CORPORATE SCHEME

This Questionnaire Will Form Part Of Application No:  Dated:

On The Life Of:  I.D. Number:

Contact Telephone Numbers: (H)  (W)

E-Mail Address:  Cell No:

Postal Address Of Owner:-   
 Code:

**\*\*PHOTOGRAPHIC IDENTIFICATION MUST BE PRODUCED BY THE APPLICANT**

Signature of person being examined   
(To be signed in the presence of the examiner)

Physician Specialist's full name in block letters

1. Pertinent history with respect to rheumatic fever, heart failure, endocarditis, chest pain, etc and examination of the heart that the applicant may have had in the past  YES  NO

2. (a) Is there a murmur?  YES  NO (b) Is there a thrill?  YES  NO

(c) Is there a click?  YES  NO

3. Characteristics of the murmur:-

(a) Timing	Intensity	Area of Maximal intensity	Quality	Duration
<input type="checkbox"/> Systolic	<input type="checkbox"/> 1/6 <input type="checkbox"/> 4/6	<input type="checkbox"/> Aortic <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Soft	<input type="checkbox"/> Short
<input type="checkbox"/> Presystolic	<input type="checkbox"/> 2/6 <input type="checkbox"/> 5/6	<input type="checkbox"/> Tricuspid <input type="checkbox"/> Mitral	<input type="checkbox"/> Blowing	<input type="checkbox"/> Long
<input type="checkbox"/> Diastolic	<input type="checkbox"/> 3/6 <input type="checkbox"/> 6/6	<input type="checkbox"/> Sternal Edge	<input type="checkbox"/> Rough	

(b) Effect of exercise and inspiration on murmur's intensity:-

(1) Exercise	(2) Inspiration
<input type="checkbox"/> Increases	<input type="checkbox"/> Increases
<input type="checkbox"/> decreases	<input type="checkbox"/> decreases
<input type="checkbox"/> disappears	<input type="checkbox"/> disappears
<input type="checkbox"/> unchanged	<input type="checkbox"/> unchanged

(c) What is the effect of change in posture on the intensity of the murmur?

(d) Does the murmur radiate?  YES  NO  
if "yes", where does the murmur radiate to?

(e) Is there a Carotid Bruit?  YES  NO

4. Is the heart, in your estimation clinically enlarged?  YES  NO

5. Pulse rate  / min is the pulse?  Regular  Irregular

If irregular:  / min

What is the effect of exercise of the irregularity?  Increases  decreases  
 disappears  unchanged

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of not force and effect.

**Do not sign blank or incomplete forms.**

