



ELECTRO CARDIOGRAM

Zone: _____ Division : _____ Branch: _____

Proposal No. _____ Name of Life to be Assured: _____ Age / Sex _____

INSTRUCTIONS TO THE CARDIOLOGIST:

- i. Please satisfy yourself about the identity of the examinees to guard against impersonation.
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also, obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder:
- iv. Rest ECG should be 12 leads along with standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If VI shows a tall R-wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the following answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness: _____
 _____ Signature / Thumb impression of Life Assured

NOTE: Cardiologist is requested to explain following questions to LA and to note the answers thereof.

i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?	Y/N	
ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney disease?	Y/N	
iii. Have you ever had chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done?	Y/N	

If the answer/s to any / all the above questions 'Yes', submit all relevant papers with this form.

Dated at _____ on the _____ day of _____ 20 _____.

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Cardiologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
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(A) Clinical findings:

Height (Cms)	Weight (Kgs)	Blood Pressure	Pulse Rate

(B) Cardiovascular System

Rest ECG Report:

Position		P Wave	
Standardisation IMV		PR Interval	
Mechanism		QRS complexes	
Voltage		Q-T Duration	
Electrical Axis		S-T Segment	
Auricular Rate		T-Wave	
Ventricular Rate		Q-Wave	
Rhythm			
Additional findings, if any			

Conclusion:

Dated at _____ on the _____ day of _____ 20____

Signature of the Cardiologist

Name:

Address:

Qualification:

Code No :

(Signature of the Life Assured to be obtained on Tracings)