COMPUTERIZED TREADMILL TEST

Zone: ______________ Division: ______________ Branch: ______________

Proposal No. ______________

Full Name of Life to be Assured: ______________________________________ Age _______ Years
Sex ________

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 L.A. and to note the answers thereof.

<table>
<thead>
<tr>
<th>Question</th>
<th>Y/N</th>
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<tbody>
<tr>
<td>i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?</td>
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<td>ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney disease?</td>
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<tr>
<td>iii. Have you ever had chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done?</td>
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If the answer/s to any/all above questions ‘Yes’, submit all relevant papers with this form.

Dated at _________________ on the _______________ day of _______________20 ________.

Signature of the Life to be Assured

Signature of the Introducer:
( Agent / Development Officer)
Name: __________________________
Code No. __________________________

I Certify that the proposer / LA has put his /her Signature alongside in my presence

Signature of the Cardiologist
Name: __________________________
Address: __________________________
Qualification: __________________________
Code No. __________________________
(a) Pre-test: Supine
Standing
Hyperventilation

(b) Exercise: Stage I ) 3 minutes each
Stage II )
Stage III )
......peak exercise

(c) Recovery Recovery
Recovery

<table>
<thead>
<tr>
<th>Phase Name</th>
<th>Stage Name</th>
<th>Time in Stage</th>
<th>Speed (mph)</th>
<th>Grade (%)</th>
<th>Workload (METS)</th>
<th>HR (bpm)</th>
<th>BP (mmHg)</th>
<th>RPP</th>
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<tr>
<td>PRETEST</td>
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The protocol used – BRUCE : ________________
Total Exercise Time – ________________
Maximum Blood Pressure – ________________
Maximum Workload ________________
Maximum Heart Rate ________________
Maximum predicted Heart Rate ________%
Reason for Termination – ________________

Comments : ________________________________

Signature of the Cardiologist
Name : ________________________________
Address : ________________________________
Qualification: ________________________________
Code No. ________________________________

Each stage should have 12 lead tracing with long lead II. Each lead should contain at least three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)