



_____ DIVISION

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.

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 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)
 Stage II)
 Stage III)
 peak exercise 3 minutes each

- (c) Recovery Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
EXERCISE	WARM UP							
	STAGE 1							
	STAGE 2							
	STAGE 3							
RECOVERY	PEAK EXERCISE							
	RECOVERY							
	RECOVERY							
	RECOVERY							

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 atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

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