

"Annex 5"

Examination form of the applicants for Iranians living abroad insurance

photo of the applicant,
Sealed by political representative

Dear practitioner.....

Following the fulfillment of the note 3 of the 1480th session of the Board of Directors dated April 9th, 2014 on administrative procedure of the insurance of the Iranian nationals living abroad, all the applicants for retirement, disability, and death insurance with 20% premium rate shall initially undergo the medical examinations at the expense of themselves. Therefore, they are kindly asked to fulfill the examinations as mentioned below and report the result.

A) Applicant's Particulars:

Name:	Surname:	Father's name:
Date of Birth:	Birth Certificate No.:	National ID Card No.:
Insurance No.:		

B) Records of diseases:

- any record of diseases, hospitalization or surgery:
- any record of inherited and family diseases:
- any record of medication use:
- malformation:
- in the case of exception from military service, write the reason:

C) I,....., fully aware, approve the authenticity of the whole issues relating to any record of inherited and family diseases of mine, and certify that I have informed the trusted practitioner about all my diseases and treatment records for accurate examinations. I, here accept the legal responsibilities may arise due to incorrect information.

Applicant's Finger print & Signature

D) clinical examinations:

Height:

Weight:

Blood pressure:

Heart rate:

	Systems & organs of the body	Normal	Abnormal	Description: Insert documents
1	Respiratory			
2	Cardiovascular			
3	Hepatobilliary and digestive			
4	Urinary/genital			
5	Endocrine glands			
6	Musculoskeletal			
7	ENT & mouth			
8	Eye			
9	nervous			
10	psychological			
11	Skin, hair, and nail			

E) Para clinic:

	Type of test	result		description
		normal	abnormal	
1	CBC, DIFF			
2	ESR			
3	FBS			
4	BUN			
5	CR			
6	U/A			
7	ALT, AST			
8	HbsAG			
9	Hcv Ab			
10	HIV Ab			

11	CHOL (age 35 and above)			
12	TG (age 35 and above)			
13	S/E-FOBT (age 50 and above)			
14	EKG (age 35 and above)			
15	Other.....			

Attention:

1-Medical Examinations and paraclinical measures such as optometry, audiometry, spirometry, etc. shall be fulfilled as described in the following charts and through the trusted practitioner diagnosis.

Optometry:

Date of examination:	
Right eye	Without reform:
	With reform:
Left eye	Without reform:
	With reform:
Color vision:	
Visual scope:	
Description:	

Audiometry:

Date of examination:								
	frequency	125	250	500	1000	2000	4000	8000
Right Ear	Air							
	Bone							

Left Ear	Air							
	Bone							
Description:								

Spirometry:

Date of Examination:		
FEVI		FVC
FEVI/FVC%	FEF	PEF
Description:		

2-All the verifiable clinical and paraclinical documents shall be attached to the result of medical examinations.

3- if necessary, the advisory idea of the other practitioners shall be obtained, and the trusted practitioner shall present the final opinion.

F) In the case that the special advisory is needed:

Dear practitioner/ practitioners...../ cardiologist , orthopedist , neurologist , ENT , psychologist , ophthalmologist , urologist ,....., with respect to the fulfilled examinations from the abovementioned applicant and the primary diagnosis of, special advisory is needed. please give your opinion after necessary examinations and study.

sign & seal of the trusted practitioner

G) The diagnosis of the specialist/specialists:

According to the performed examinations, the aforementioned applicant does / does not suffer from disease/ diseases or malformation. Write the kind of disease or malformation:.....

sign & seal of the specialist/specialists

H) Final certificate of the trusted practitioner:

I,..... Holder of medical council no.,....., taking all the responsibilities, have accurately examined the applicant and filled out the parts B, D, E, G of the present form, and now certify that **Mr./Ms.** Holder of the sealed photo, based on the medical examinations and the related medical documents,

Is contracted to diseases or complications write the disease.....

Is not contracted to diseases or complications

Date of examination:.....

Sign & seal of the trusted practitioner

Notes:

1-After being filled out by the trusted practitioner, this form shall be authenticated by the political representative of the Islamic Republic of Iran located in the country in which the applicant resides.

2-The present certificate is only valid for concluding contract of self employed insurance and has no other legal effects.

3- This form shall be filled without any striking out. Indecipherable form shall not be valid.