

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No.

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured:

Age/Sex :

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners 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 V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing 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 or Thumb Impression of L.A.

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 is 'Yes', submit all relevant papers with this form.

Dated at on the day of 200

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.

Clinical findings

(A)

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

(B) Cardiovascular System

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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 200

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.