

Medical examination form

June 2023

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Life insured details

Full name	<input type="text"/>		
Residential address (this cannot be a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Policy/Application number	<input type="text"/>
Contact details	Work <input type="text"/>	Home	<input type="text"/>
	Mobile	<input type="text"/>	
	Email	<input type="text"/>	

Declaration

The proposed life insured states as follows:

1. I authorise OnePath to disclose any information in relation to my application for insurance to any person for the purpose of assisting OnePath to make a decision in relation to my application for insurance.
2. I understand that the insurance applied for shall not become effective until OnePath accepts my application.
3. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to OnePath in relation to my application for insurance or any claim under it.
4. I authorise OnePath to approach any person named in this form to verify any aspect of it. In the same way, I authorise any person named in this form to disclose any information they may possess about me to OnePath.

Signature of life insured

Date (dd/mm/yyyy)

The above was signed in my presence and discussed where I considered it appropriate.

Signature of medical examiner

Date (dd/mm/yyyy)

Adviser name

Adviser number

Medical examination form – to be completed by a GP or medical specialist only

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 ABN 92 000 010 195 AFSL 232510

Customer care
Phone 133 667
Email client.onepath@zurich.com.au
Website onepath.com.au

Confidential medical report to OnePath for insurance

The information regarding your findings should NOT be given to any other person. Exception may be made subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant.

OnePath's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors including the type of insurance sought. The examiner is therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability. This form must be posted direct to OnePath immediately on completion of examination.

To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

On the medical condition of (name)

1 Introduction

a. Are you acquainted with the examinee

Professionally? Yes No For how long?
 Personally? Yes No For how long?

b. Is there anything unfavourable in appearance, development or behaviour? Yes No
 If 'Yes', provide details

c. Is there any indication of past or present abuse of alcohol or of the misuse of drugs? Yes No
 If 'Yes', provide details

2 Measurements

Provide the following measurements. Measurements must be actual wherever possible

a. Height (without shoes) cm Weight (clothed) kg
 Chest expiration (next to skin) cm Chest inspiration cm
 Abdomen at umbilicus (next to skin) cm Hip cm

b. If chest expansion is less than 5cm comment as to apparent cause or provide peak flow meter reading if available

3 Respiratory system

a. Is there any abnormality of the respiratory system to palpation, percussion or auscultation? Yes No
 If 'Yes', provide details

b. Is there any sign of past or present respiratory disease? Yes No
 If 'Yes', provide details

4 Circulatory system

a. What is the rate and character of the pulse?

Pulse rate

Character

b. What is the position of the apex beat of the heart? In the intercostal space

from mid-sternal line

cm

c. Is there any evidence of cardiac enlargement?

Yes

No

If 'Yes', provide details

d. Is there any abnormality in the heart sounds or rhythm?

Yes

No

If 'Yes', provide details

e. Is there any murmur present?

Yes

No

If 'Yes', describe fully including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur

f. What is the blood pressure – (Auscultatory method)? The Diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.

Systolic

 (mm Hg) (mm Hg) (mm Hg)

Diastolic

 (mm Hg) (mm Hg) (mm Hg)

g. Is there any abnormality of the peripheral arterial or venous circulation?

Yes

No

If 'Yes', provide details

h. Do you consider the heart and the vascular system to be abnormal?

Yes

No

If 'Yes', provide details

i. Is the examinee now on treatment for hypertension or Hypercholesterolaemia?

Yes

No

If 'Yes', provide details

Pre-treatment level including dates (if known)

Duration of treatment

Nature of treatment

5 Digestive and lymphatic systems

a. Is there any abnormality of the tongue, mouth or throat? Yes No

If 'Yes', provide details

b. Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? Yes No

If 'Yes', provide details

c. Is there any abnormality of lymph nodes in the neck, axillae or inguinal regions? Yes No

If 'Yes', provide details

d. Is a hernia present? Yes No

If 'Yes', provide details

6 Genito-urinary systems

a. Urine examination (the urine should be passed at the time of examination if not, state circumstances). If albumin is found, an early morning specimen should be examined and findings recorded here before completing the report.

Does the urine contain:

(i) Albumin Yes No

If 'Yes', provide details

(ii) Glucose Yes No

If 'Yes', provide details

(iii) Blood Yes No

If 'Yes', provide details

b. Is there any evidence of abnormality of the genito-urinary systems? Yes No

If 'Yes', provide details

c. FEMALES – Is the examinee pregnant? Yes No

If 'Yes', advise expected date of confinement

7 Nervous system

a. Is there any defect or abnormality of the eyes? Yes No

If 'Yes', provide details

b. Is there any defect in hearing or speech? In cases of present or past ear discharge or deafness, state result of auriscopic examination. Yes No

If 'Yes', provide details

c. (i) Is there any evidence of mental abnormality? Yes No

If 'Yes', provide details

(ii) Is there any evidence of disorder of the central or peripheral nervous system? Yes No

If 'Yes', provide details

8 Musculoskeletal system and skin

a. Is there any abnormality of the form or function of

(i) the joints? Yes No

If 'Yes', provide details

(ii) the muscles or connective tissues? Yes No

If 'Yes', provide details

(iii) the back or neck including the cervical and lumbar spine? Yes No

If 'Yes', provide details

b. Is there any evidence of any disorder of the skin? Yes No

If 'Yes', provide details

9 Breast examination – Females only

a. Has the examinee (requestor) advised a breast examination is required for the insurance cover applied for?

No – go to summary

Yes – has the examinee had a mammogram or breast ultrasound within the last 12 months and would prefer to provide a copy of these results than undertake a breast examination?

Yes – go to summary

No – go to next question

b. Is there any palpable abnormality detected e.g. cyst, lumpiness? Yes No

If 'Yes', provide details

c. Is there any evidence of nipple abnormality e.g. distortion or discharge? Yes No

If 'Yes', provide details

10 Summary

a. Do you consider any medical attendant's reports or any special tests to be required? No special tests are to be carried out in connection with the proposal for insurance without the Company's authority..... Yes No

If 'Yes', provide details

b. Do you consider the person examined to be likely to require any surgical operation or future medical treatment? Yes No

If 'Yes', provide details

10 Summary (continued)

c. Comment fully on any unfavourable features (either physical or mental) which could either reduce life expectancy or cause temporary or permanent disablement:

(i) In the personal or medical history

(ii) Disclosed by your medical examination

11 Declaration

I declare that the information provided is true and correct to the best of my knowledge.

Full name	<input type="text"/>		
Qualifications	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Contact number	<input type="text"/>		

**Signature of
medical examiner**

X

Date (dd/mm/yyyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059

Privacy

OnePath is bound by the *Privacy Act 1988* (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the *Privacy Act 1988*. For a more detailed explanation of OnePath's Privacy Policy please visit our website at onepath.com.au/about-us/privacy-policy or or email us at privacy.officer@zurich.com.au