Injury & illness
are never by choice
Your health insurance
can be!

Senior Health Insurance

for over age 60 **Plan**

PACIFIC CROSS
INSURANCE
COMPANY LIMITED

	SENIOR STANDARD MEDICAL PLAN	SENIOR COMPREHENSIVE MEDICAL PLAN
MAXIMUM BENEFIT FOR ANY ONE DISABILITY AND SEQUELAE (reduces to US$250,000 for applicants over age 65)	US$1,000,000	US$1,000,000
Covers normal, usual and customary charges for:		
INPATIENT BENEFITS		
Room and Board	Semi-Private in E.U. Countries/HK/ N. America/Switzerland (Private Room option) or Private in other countries	Private
Intensive Care Unit, Coronary Care Unit and Operating Room	100%	100%
Surgeon's Fee Includes pre-surgical assessment and normal post-surgical care	100%	100%
Anaesthetist's Fee	100%	100%
Miscellaneous Inpatient Charges For required diagnostic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)	100%	100%
Organ Transplant Fees for kidney, heart, liver and bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of This benefit is a lump sum maximum per organ and no other policy benefits are payable in respect of Organ Transplant	US$100,000	US$100,000
HIV / AIDS Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of	US$100,000	US$100,000
Home Nursing When certified necessary by the attending physician for up to 30 days immediately after hospitalization	100%	100%
Rehabilitation When certified necessary by the attending physician for up to 45 days of inpatient, day case or outpatient treatment starting within 14 days of hospitalization	100%	100%
Oncology Radiotherapy and chemotherapy (by way of infusion and injection) received as inpatient, day case or outpatient treatment	100%	100%
Hospice Care For terminal illnesses with lifetime limit of	US$10,000	US$10,000
Psychiatric and Mental Disorders Hospital charges of US$5,000 per year with lifetime limit of	US$10,000	US$10,000
Medical Check-up Annual limit for routine medical check-ups	Not Available	US$500
EMERGENCY BENEFITS		
Emergency Room Treatment	100%	100%
Accidental Damage To Teeth Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	100%	100%
Emergency Local Ambulance Service	100%	100%
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Included	Included
Additional Travel Expenses (following Evacuation) One economy class airline ticket to return an Insured Person to the Country of Residence		

	SENIOR STANDARD MEDICAL PLAN	SENIOR COMPREHENSIVE MEDICAL PLAN
OUTPATIENT BENEFITS	100%	100%
Physician and specialists' fees for office visits; physiotherapist and chiropractor when referred by the attending physician; and, for required diagnostic laboratory tests, x-rays and prescribed medicines		
Alternative Medicines Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of	US$1,500	US$1,500

Note: "100%" herein means full reimbursement of the normal, usual and customary charges in accordance with the eligible room type or other localized circumstances or customs.

• ADDITIONAL BENEFIT PLANS •

	SENIOR STANDARD MEDICAL PLAN	SENIOR COMPREHENSIVE MEDICAL PLAN
Covers normal, usual and customary charges for eligible expenses:		
Dental Benefit 80% reimbursement up to an annual limit of	(US$2,000 option)	US$2,000
Vision Benefit 80% reimbursement for eye examinations and prescription lenses annually for each Insured Person up to	Not Available	US$500
Personal Accident Benefit Covers loss of life, loss of one or both hands or feet, loss of vision in one or both eyes, or permanent and total disability caused directly and solely by an accident. Coverage is terminated after age 75.	(US$100,000 option)	US$100,000 (with added load for Class 2 and 3)
Travel Benefit Covers the following eligible expenses worldwide when travelling outside your country of residence on trips lasting up to 90 days:	(option)	Included
Emergency Medical Expenses - covers illness or injury including "Emergency Evacuation" - (up to US$25,000) with a maximum of US$300 per day for hospital room and board which is doubled when the room fee includes medical service costs and tripled when the room fee also includes all professional services; and "Get You Home Benefit" - covers the additional cost of your own travel and accommodation necessarily incurred as a result of a covered disability to get you back home.	US$35,000	US$35,000
Baggage & Travel Documents - covers loss and damage of baggage and personal items including laptop computer; and loss of travel documents up to	US$750	US$750
Baggage Delay - covers purchase of essential clothing and toiletries if your checked baggage is delayed on arrival at your destination for over 12 hours up to	US$125	US$125
Personal Money - covers theft, burglary and robbery of cash, bank notes and travellers checks up to	US$500	US$500
Hospital Cash Income - pays US$50 per day for each day you are hospitalized over 24 hours up to	US$600	US$600
Travel Delay - covers transportation expenses incurred as a direct consequence of travel delay resulting from serious weather conditions, industrial action, hijack, mechanical derangement if an Insured Person has to re-route his trip due to cancellation of a prior confirmed booking; or "Cash Allowance" - pays US$25 for each full 12 hours delay up to a maximum of US$100.	US$650	US$650
Curtailment of Trip & Cancellation Charges - covers irrecoverable prepaid travel arrangement deposits or any increased cost of travel in the event of death, serious injury or illness of the Insured Person, immediate family members or close business partner or travel companion of the Insured Person, witness summons, jury service, compulsory quarantine; natural disasters at the planned destination or complete destruction of the Insured Person's principal residence.	US$2,500	US$2,500
Optional Rental Car Protection - covers loss and damage occurs to a rental car result directly from fire, theft, collision or vandalism. Deductible: US$250	(US$10,000 option)	(US$10,000 option)

• DISCOUNT OPTIONS •

(not applicable to Additional Benefit Plans)

	SENIOR STANDARD MEDICAL PLAN	SENIOR COMPREHENSIVE MEDICAL PLAN
20% Co-payment Option (you pay 20% and we pay 80% of eligible expenses)	25% Discount	20% Discount
Treatment Area Limit (excludes treatment in Hong Kong (SAR), Japan and North America where residents are ineligible for this discount)	25% Discount	20% Discount
Outpatient Exclusion Option (excludes outpatient coverage)	25% Discount	Not Available

Note 1: Treatment Area Limit option is only available to residents in Indonesia, Korea, Malaysia, Philippines, Singapore, Taiwan, Thailand and Vietnam. Countries not listed will be given individual consideration.

2: Discount for Outpatient Exclusion Option is not applicable to Private Room Option.

3: After the Medical Plan premium is calculated, apply chosen discounts. Then, applications with 5 to 20 persons are eligible for a 10% group discount and 21 or more persons for a 20% group discount. The group discount is not applicable to Additional Benefit Plans.

• PREMIUMS (in US$) •

AGE BANDS	61-65	66-70	71-75	76-80	81 & above
SENIOR STANDARD MEDICAL PLAN	5,751	9,587	13,398	18,725	ON REQUEST
Takeover Policy	5,228	8,148	11,389	15,917	
Private Room Option	793	1,323	1,910	2,904	
SENIOR COMPREHENSIVE MEDICAL PLAN	7,523	12,302	17,026	23,703	
Takeover Policy	6,905	10,768	14,925	20,744	
ADDITIONAL BENEFIT PLANS					
Dental Benefit	600	600	600	600	
Personal Accident Benefit	Rate for Class 1 Occupation - $1 per 1,000 Rate for Class 2 Occupation - $1.25 per 1,000 Rate for Class 3 Occupation is available on request			Not Available	
Travel Benefit	85	85	85	85	
Rental Car Protection	75	75	75	Not Available	

Note 1: 15% geographical loading applies to residents in E.U. Countries and Switzerland.
2: 20% geographical loading applies to residents in Hong Kong.
3: Geographical loading for North American residents is available on request.
4: Medical premiums for age over 80 are available on request.

• PAYMENT METHOD •

US Dollar (US$) payment can be made by:
1. CHECK payable to **PACIFIC CROSS INSURANCE COMPANY LIMITED**
2. TELEGRAPHIC TRANSFER to the bank account as noted below, or
3. CREDIT CARD using the Payment Authorization Form below.

Telegraphic Transfer Information

Beneficiary Bank: The Bank of East Asia (U.S.A.) N.A.
202 Canal Street
New York, NY 10013
U.S.A.
ABA Code 026010948
Swift BIC BEASUS33

Beneficiary Account Name: Pacific Cross Insurance Company Limited

Beneficiary Account Number: 62332

Credit Card Payment Authorization Form

Payment Mode: Annual ❑ Semi-Annual ❑

Credit Card: VISA/MasterCard ❑ American Express ❑

Name of Cardholder: _____ Credit Card Account No.: _____

Relationship to Applicant: _____ Expiry Date (Month/Year): _____ /_____

Until further notice (one month advanced written notice is required to terminate this payment instruction), I authorize **PACIFIC CROSS INSURANCE COMPANY LIMITED** to charge the premium for this insurance policy to my credit card account.

Signature of Cardholder: _____ **Date:** _____ /_____/ _____
(MM/DD/YY)

Please send the completed application and payment to
Pacific Cross Insurance Company Limited
care of our third party administrator, International Administrators Limited
at the following address:

16/F, 9 Des Voeux Road West
Sheung Wan, Hong Kong, SAR

Fax: (852) 2573-2917
E-mail: inquiry@ialhk.com

• SENIOR HEALTH INSURANCE APPLICATION •

Name of Policyholder/Applicant Last _____ First _____ Middle _____

Address _____ **Phone** Home _____

_____ Office _____

_____ Mobile _____

E-mail _____ **Fax** _____

PERSONAL DETAILS	Insured Person #1	Insured Person #2	Insured Person #3	Insured Person #4
Last Name				
First & Middle Name				
Sex	Male ❑ Female ❑	Male ❑ Female ❑	Male ❑ Female ❑	Male ❑ Female ❑
Date of Birth (MM/DD/YY)	/ /	/ /	/ /	/ /
Relationship to Applicant				
Occupation and Duties				
Smoker	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Height	Cm/ Ft in	Cm/ Ft in	Cm/ Ft in	Cm/ Ft in
Weight	Kg/ Lb	Kg/ Lb	Kg/ Lb	Kg/ Lb
Passport or Government I.D. No.				
Country of Citizenship				
Country of Residence				

PERSONAL ACCIDENT (PA) BENEFICIARY INFORMATION				
Name of Beneficiary				
Relationship to Insured Person				

PREMIUM CALCULATION	Insured Person #1	Insured Person #2	Insured Person #3	Insured Person #4
MEDICAL PLANS - Check box or write in premium based on age, plan, option chosen and geographical loading.				
Standard Medical Plan	❑ _____	❑ _____	❑ _____	❑ _____
Takeover Policy	❑ _____	❑ _____	❑ _____	❑ _____
Private Room Option	❑ _____	❑ _____	❑ _____	❑ _____
Comprehensive Medical Plan	❑ _____	❑ _____	❑ _____	❑ _____
Takeover Policy	❑ _____	❑ _____	❑ _____	❑ _____
Geographical loading for residents in				
E.U. Countries / Switzerland - 15%	❑ _____	❑ _____	❑ _____	❑ _____
Hong Kong - 20%	❑ _____	❑ _____	❑ _____	❑ _____
N. America - on request	❑ _____	❑ _____	❑ _____	❑ _____
DISCOUNTS - Check box or multiply chosen discounts by Medical Plan premium. Write in amount. Calculate Group Discount after deducting other Discounts from Medical Plan premium.				
Standard Medical Plan	❑ _____	❑ _____	❑ _____	❑ _____
20% Co-payment - 25% discount	❑ _____	❑ _____	❑ _____	❑ _____
Treatment Area Limit - 25% discount	❑ _____	❑ _____	❑ _____	❑ _____
Outpatient Exclusion - 25% discount	❑ _____	❑ _____	❑ _____	❑ _____
Comprehensive Medical Plan	❑ _____	❑ _____	❑ _____	❑ _____
20% Co-payment - 20% discount	❑ _____	❑ _____	❑ _____	❑ _____
Treatment Area Limit - 20% discount	❑ _____	❑ _____	❑ _____	❑ _____
5-20 Person Group - 10% discount	❑ _____	❑ _____	❑ _____	❑ _____
21+ Person Group - 20% discount	❑ _____	❑ _____	❑ _____	❑ _____
ADDITIONAL BENEFIT PLANS - Check box or write in premium based on age, plan chosen and occupational class.				
Dental	❑ _____	❑ _____	❑ _____	❑ _____
PA - Sum Insured (in US$10,000's)	❑ _____	❑ _____	❑ _____	❑ _____
Premium	❑ _____	❑ _____	❑ _____	❑ _____
Travel	❑ _____	❑ _____	❑ _____	❑ _____
Optional Rental Car Protection	❑ _____	❑ _____	❑ _____	❑ _____
Annual Premium = Medical Plan premium - Discounts chosen - Group Discount + Additional Benefit Plans premium				
ANNUAL PREMIUM				

TOTAL ❑ ANNUAL or ❑ SEMI-ANNUAL (52% of annual) PREMIUM DUE: _____

Policy Effective Date (MM/DD/YY): _____ / _____ / _____

• MEDICAL QUESTIONS •

- Kindly tell us about yourself. All answers will be kept in strictest confidential. Your complete and correct responses will help us properly underwrite your goodself. Each person to be included in the policy is required to complete and return this form. (Parents are required to complete and sign the form on behalf of children)

	YES	NO
1. a) Are you currently covered by any medical insurance policy? (if "Yes", please provide us with a copy of the policy and benefits schedule)	❑	❑
b) Has any medical or life application been declined, rated or restricted? (if "Yes", please explain)	❑	❑
c) Has any medical or life policy been cancelled, withdrawn, rated or restricted? (if "Yes", please explain)	❑	❑
2. At any time prior to the application, have you ever had symptoms of or been diagnosed, investigated or treated for any of the following: (underline the specific item and explain in the space provided below)		
a) speech defect, paralysis, hearing loss, physical defect, infirmity, congenital illness, genetic deformity or disease or chronic condition?	❑	❑
b) asthma, respiratory or allergic condition or disorder of the eyes, ears, nose or throat?	❑	❑
c) psychiatric or mental disorder, fainting, blackout, mood change, drug/alcohol addiction, seizure or fit?	❑	❑
d) hypertension, high/low blood pressure, chest pain, cholesterol problem, dizziness, heart or circulatory disorder?	❑	❑
e) kidney stone, venereal disease, or disorder of the bladder, prostate, kidney or genito-urinary tract?	❑	❑
f) ulcer, hemorrhoid, colitis or stomach, gall bladder, liver or bowel disorder?	❑	❑
g) sciatica, back pain, joint pain or rheumatic, arthritic, muscle, joint or bone disease or disorder?	❑	❑
h) blood abnormality or blood vessel disorder?	❑	❑
i) HIV, AIDS, AIDS Related Complex, or any indication of blood or immune system disorder?	❑	❑
j) cancer, tumor or cyst?	❑	❑
k) skin disorder?	❑	❑
l) diabetes mellitus, glandular or hormonal disorder?	❑	❑
m) rheumatic fever, gout, malaria or hernia of any kind?	❑	❑
n) gynecological disorder or disease or complication associated with pregnancy?	❑	❑
o) any other ailment, impairment, or injury?	❑	❑
3. Are you currently undergoing any investigations or taking any medications or receiving any form of treatment recommended or prescribed? (list with dosage)	❑	❑
4. Have you been a patient in a hospital or sanitarium for surgery, observation or treatment in the last 5 years?	❑	❑

- Kindly provide name and contact details of your personal physician or doctor.

_____

_____

- If you answered "Yes" to any of the above questions 1 to 4, please give complete details including medical history, diagnosis, nature/date of care and treatment received, date of last consultation and related medical reports, etc. (If the space provided is insufficient, please use a separate sheet.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby apply for a policy to be based on the above statements and declare that, to the best of my knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of me or my health, to give to **PACIFIC CROSS INSURANCE COMPANY LIMITED** any such information. A photostat copy of this authorization shall be as valid as the original.

Signature of Insured Person: _____ **Date:** _____ / _____ / _____
(MM/DD/YY)

Name of Insured Person: _____ **Broker:** _____
(IN BLOCK LETTERS)

Illness nor injury never happens by choice. But quality health insurance is a serious choice for all of us. You always want the best medical care there without the worry of financial consequences.

Pacific Cross Insurance offers two specialized comprehensive medical insurance plans for people who want the best to cover the worst.

KEY FEATURES

- Free choice of doctors and hospitals
- Guaranteed renewability regardless of age, medical condition or location
- Flexible geographic cover
- Free coverage for recreational sports
- Alternative medicines
- Direct payment to hospitals and 24-hour Worldwide Emergency Assistance
- Consideration of declared pre-existing conditions

Don't Delay Your Medical Insurance *While You Have A Choice!*

"PACIFIC CROSS" is a multi-line insurance underwriter with deep historical roots in a tradition of providing health insurance and health care services to the people of Asia and the world.

The Company was established in June, 1990 and is incorporated in Samoa. It is part of regional group of specialist insurance businesses which has been operating in Asia for over 40 years. Many of those companies are well recognized in their respective countries, such as Blue Cross Insurance, Inc. in the Philippines.

The group has unique competencies in the provision of medical and travel insurances which have been honed over decades of experience in these specialist markets. The depth of insurance experience of its directors, executives and dedicated experienced staff have contributed to the success of the company over the twenty years of the Pacific Cross' existence.

As the years have passed and success has smiled on "Pacific Cross", the Company has expanded to offer worldwide coverage for Medical Insurance, Life Insurance, Dental Insurance, Personal Accident Insurance, Travel Insurance and various tailor-made coverage of health and medical accident risk.

In an effort to best promote the well being of our clients, our commitment to personalized customer service is remarkable in the industry - we offer broad worldwide health insurance cover and guaranteed renewability. Our competitive advantages enable us to offer attractive rates while our reputation for quality service is widely known by our clients and within the broker community. These are the reasons why people choose "Pacific Cross" for their insurance needs.

Dental Benefits
A completed Oral Examination Report must be submitted with the first dental claim. All conditions requiring treatment as of the first dental visit are deemed to be pre-existing conditions.

Exclusions (Extract from the policy)

Medical plans do not cover care, treatment, services or supplies for:

- Pre-existing conditions not declared to and accepted by the Company;
- Which the Insured Person is entitled to indemnity from a third party or other benefit plan;
- Birth control; treatment of impotence or infertility (including artificial insemination, in-vitro fertilization, embryo transfer); sterilization reversal or elective abortion;
- Congenital conditions and genetic deformities or diseases;
- Weight treatment and management;
- Custodial Care, routine medical check-ups, or any treatments considered unnecessary by the Company, vaccinations, counselling, hearing tests, refractive defects of the eye, corrective eye surgery for refractive error, corrective devices, or dental treatment unless covered under the optional benefits cover of this policy for vision, dental, or medical check-up;
- Disability resulting from war or any act thereof, service in the military, naval or air force, riot, civil commotion;
- Hazardous or professional sports unless declared to and accepted by the Company;
- Intentionally self-inflicted injury, suicide, abuse of alcohol, drug addiction or venereal disease;
- Cosmetic or reconstructive surgery;
- Prosthesis, orthotic devices, corrective devices and medical appliances not required for a surgical operation;
- AIDS, AIDS Related Complex, or Human Immunodeficiency Virus (HIV) and/or related illnesses which manifest at any time within five years from the Insured Person's effective date; and
- Expenses incurred for provision of medical documentation required by the Company.

14-Day Free Look
You may return your policy within fourteen days after receipt for a full refund of the premiums paid.

Geographical Loading
Applies to the Medical Plan (& Private Room Option) premium for residents to cover the high cost of medical care in that particular area.

Medical Examination Requirement
Applicants not qualifying for Takeover Policy Status must at their own expense have a Company approved physician submit a completed Physician Examination Report directly to the Company. Physician approval requires submission of board certifications and licenses to the Company.

No Claim Discount
A No Claim Discount will be offered to Insured Persons who are not entitled to Group Discount and whose policy remains claims-free at each renewal. The No Claim Discount will be applied as follows:

Year 0	No discount
Year 1	10% discount
Year 2	15% discount
Year 3	20% discount (the maximum)

If a claim is made by any Insured Person under the policy during a policy year, any No Claim Discount achieved will be lost and the status of the discount will be as at Year 0 shown above.

If a claim relating to the previous year is subsequently submitted and accepted, and a No Claim Discount has already been given, the Company reserves the right to deduct the equivalent monetary amount of the No Claim Discount from the value of the claim.

The No Claim Discount applies only to the premium in respect of the basic benefits. Claims against any Additional Benefit Plans will not affect the No Claim Discount.

Occupational Class
Personal Accident cover is based on the hazard class associated with an occupation and its duties. Class 1: very light hazards; Class 2: light hazards; Class 3: non-hazardous manual labor; and, Class 4: hazardous occupations. Class 3's are quoted on request and Class 4's have no cover.

Pre-existing Condition
Any Disability which existed before the policy effective date in respect of an Insured Person, which presented signs and symptoms of which the Insured Person was aware or should reasonably have been aware.

Premiums
Are based on the Insured Person's age on the first day of the policy year; the rate table in effect on the premium due date; and, residence, family status, payment mode and other factors which affect the cost of insurance. Premiums may be revised based on claims experience or other criteria which the Company, at its sole discretion, may determine. Policies renew automatically upon payment of renewal premium.

Takeover Policy Status
Applicants presenting proof of existing coverage, a copy of their existing plan and 5 years full claims history are eligible for the Takeover Policy premium.

Treatment Area Limit
Does not apply to inpatient expenses incurred for emergency treatment of injury or acute illness which occurs wholly after the start of travel for up to 30 days of travel to the affected areas in any one policy year.

Waiting Period
Benefits are not paid for sickness during the first 30 days of coverage. Benefits for injuries due to covered accidents occurring wholly after the effective date are covered immediately.

This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.

If you have any questions relating to this application, please forward them to Pacific Cross Insurance Company Limited care of our third party administrator, International Administrators Limited in the manner set out below and at the address set out below:

บริษัท ไทย เยอรมัน อินเตอร์แนชั่นแนล เทรดดิ้ง จำกัด
THAI GERMAN INTERNATIONAL TRADING Co. Ltd.

วอลเทอร์ เมเน่
WALTER MEHNE

148/6 หมู่ 9 ถนนสุขุมวิท
พัทยาใต้ ต.หนองปรือ
อ.บางละมุง จ.ชลบุรี 20150

148/6 M.9, Sukhumvit Road
South Pattaya, Nongprue,
Banglamung, Chonburi 20150

Tel. 038-420618 Fax. 038-374212 Mobile: 081-8611606
E-mail: pacificwam@gmail.com

PHYSICIAN EXAMINATION REPORT

• FOR APPLICANTS OVER AGE 65 ONLY •

to be submitted directly to
Pacific Cross Insurance Company Limited
c/o International Administrators Limited
16/F, 9 Des Voeux Road West, Sheung Wan, Hong Kong, SAR
Tel.: (852) 2573-2535 Fax: (852) 2573-2917 E-mail: inquiry@ialhk.com

Note: Please complete in full and mail this form to Pacific Cross. Non-Pacific Cross Pre-Approved Doctors will need to submit Board certifications and license information along with this report.

PART I (TO BE FILLED OUT BY THE APPLICANT)

Name: Last _____ First _____ Middle _____

Address: _____

_____

Tel: _____ Fax: _____ E-mail: _____

Date of Birth (MM/DD/YY): _____ Age: _____ Sex: _____

Country of Citizenship: _____ Country of Residence: _____

Father's Name: _____ Mother's Name: _____

If Deceased, Cause of Death: _____ If Deceased, Cause of Death: _____

No. of Siblings: _____ If Any Sibling is Deceased, Cause of Death: _____

Medicare Coverage: YES ❑ NO ❑

This note gives the physician permission to report any medical information requested to Pacific Cross Insurance Co. Ltd. or its administrators.

_____ _____

Signature of Applicant *Date (MM/DD/YY)*

PART II (TO BE FILLED OUT BY PHYSICIAN)

II-A MEDICAL QUESTIONNAIRE: (Mark "Yes" or "No" and circle the specific item)

	YES	NO
1. Weight loss/weight gain for the past 6 months	❑	❑
2. Unexplained headache/dizziness, seizure, localized weakness or numbness	❑	❑
3. Blurring of vision, recurrent rhinitis, sorethroat, ear discharge or decreased hearing sensation	❑	❑
4. Painful swallowing, recurrent abdominal pain, change in bowel habit and caliber of stool, hematemesis, hematochezia or melena	❑	❑
5. Chest pain, choking sensation, shortness of breath, easy fatigability, orthopnea or paroxysmal nocturnal dyspnea	❑	❑
6. Frequent/painful urination, change in caliber of urine/hematuria, passage of stone	❑	❑
7. Abnormal vaginal discharge or bleeding, painful/abnormal menstruation, breast pain	❑	❑
8. Joint pain, non healing wound, change in color of extremities, claudication, cramps, edema	❑	❑
9. Ecchymoses, petechia, easy bruisability, gum or nose bleeding	❑	❑
10. Allergies, history of angioneurotic edema or any anaphylactic reaction	❑	❑

Details: _____

ADDITIONAL INFORMATION:

_____

_____

SOCIAL HISTORY:	YES	NO	
SMOKING	❑	❑	Details: _____
ALCOHOL INTAKE	❑	❑	Details: _____
ANY FORM OF EXERCISE	❑	❑	Details: _____

FAMILY HISTORY:

_____

_____

_____

PAST MEDICAL HISTORY (confinements, previous illness, etc.):

_____

_____

_____

II-B PHYSICAL EXAMINATION REPORT: (Please comment on each area)

1. VITAL SIGN: BP: (SITTING) _____ (STANDING) _____ HR: _____ /MIN TEMPERATURE : _____ °C
   HEIGHT: _____ cm WEIGHT: _____ kg
2. HEENT: EYES _____
   FUNDOSCOPY _____
   NOSE _____ NECK/THROAT _____
   EARS _____
3. LUNGS: _____
4. BREAST EXAMINATION (for female): _____
5. HEART: _____
6. ABDOMEN: _____
7. EXTREMITIES: _____

DIAGNOSTIC TEST RESULTS: (copies of relevant results are required)

A. CHEST X-RAY: _____
B. 12 LEAD ECG: _____
C. ROUTINE URINALYSIS (Micro): _____
D. COMPLETE BLOOD COUNT (CBC): _____
E. LIPID PROFILE: _____
F. LIVER FUNCTION TEST (SGPT, SGOT, GGT, Alkaline phosphate, Bilirubins, Albumin): _____
_____
G. KIDNEY FUNCTION TEST (BUN, Creatinine, Uric Acid): _____
H. THYROID FUNCTION TEST (T3 & T4): _____
I. FASTING BLOOD SUGAR: _____ J. HbAlc: _____
K. HEP TESTS (B & C): _____ L. HIV: _____
M. PSA (MALE): _____ N. PAP SMEAR (FEMALE): _____

ADDITIONAL TEST RESULTS (to be done if indicated): (copies of relevant results are required)

A. 2-D ECHO CARDIOGRAM WITH DOPPLER: _____
B. TREADMILL STRESS TEST: _____
C. BILATERAL MAMMOGRAPHY ULTRASOUND (for female): _____
D. URINALYSIS (C & S): _____
E. ABDOMINAL ULTRASOUND: _____
F. ALPHA FETO PROTEIN: _____

IMPRESSION:

_____

_____

_____

_____

_____ _____ _____

Signature of Attending Physician *Name of Physician* *Date (MM/DD/YY)*