

MEDICAL REPORT

Compendium cares about your privacy and Compendium and your insurer(s) or potential insurer(s) has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

GENERAL INFORMATION

Policy No.			
Policyholder			
Full name of Doctor			
Age next birthday			
ID number			
Are you this person's usual doctor			
Blood pressure reading	Systolic	Diastolic	
Please comment on the following:			
Eyesight			
Hearing			
Heart			
Any physical irregularity			
General fitness			
This person is	Physically competent to drive a motor vehicle	Not physically competent to drive motor vehicle	
Date of examination			
Examining doctor			
Telephone number			
Doctor's signature			