

# Special Instructions for Exam on Mature Age Clients (Age 71 and Older)

---

To help us assess additional risk factors sometimes associated with the elderly, please complete the mature age supplement for Proposed Life Insureds ages 71 and older in addition to the regular medical examination. The mature supplement includes tests for memory, mobility and questions on activities of daily living.

Complete the medical exam, the Examiners report and then move onto the Mature Supplement.

## Orientation

### Section A

- Please record the Proposed Life Insured's responses.

## Delayed Word Recall (Important: Please read carefully)

### Section B (Part I)

- Explain to the applicant that this is a memory test
- Point to three objects and ask the Proposed Life Insured to tell you what they are.
- You may now continue on to the activities of daily living questions.

## Activities of Daily Living

### Section C

- Please ask the applicant the questions listed and record any additional information in the space provided.

## Delayed Word Recall

### Section D (Part II)

- If it has been 5 minutes since you completed Part I of the Delayed Word Recall, you may now begin Part II.
- Ask the applicant to recall the three objects identified in Part 1. Record how many out of the three objects were recalled.

## Mobility – Get Up and Go Test

### Section E

- You will need a stop watch for this task. Advise the applicant this is a walking test.
- Record how long it takes (in seconds) for the applicant to get up from a seated position, walk ten feet, return and sit down again.
- Record if it took the applicant 20 seconds or more to complete this task. Please comment on any abnormalities of the items listed.

## Clock Drawing

### Section F

Give the client the following instructions.

- I am going to ask you to draw a clock.
- Start by drawing a circle.
- Place all numbers in the circle to appear as they would on a clock.
- After the numbers are drawn, ask the Proposed Life Insured to place the hands on the clock to show the time - 10 minutes after 11 o'clock (11:10).

## Examiner Observations

### Section G

- Please answer the questions listed and provide any additional comments.

# Medical Exam For Age 71 and Older

This form is part of the Application for Life Insurance for the Proposed Life Insured.  
Print and use black ink. Any changes must be initialed by the Proposed Life Insured.

## PROPOSED LIFE INSURED

1. a) Name \_\_\_\_\_ b) Date of Birth \_\_\_\_\_
- First Middle Last month day year
- c) Gender  Male  Female

## SMOKING STATUS

2. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)?
- Yes  No If 'Yes', provide details below.

Product:	Frequency:	Current	Past	Date Last Used		
				month	day	year
Cigarettes _____	_____ pack(s)/day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cigars _____	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other: _____	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

## FAMILY QUESTIONS

3. Has any member of your immediate family (parents, brothers, sisters) died of Coronary Artery Disease or Cancer prior to age 60?  Yes  No
4. Please provide the following details.

	Living		Deceased		
	Age	Give Details of Present State of Health		Age	Cause of Death
Father			Father		
Mother			Mother		
Brothers and Sisters			Brothers and Sisters		

5. a) Name and Address of Personal or Attending Physician

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street No. & Name \_\_\_\_\_ Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

b) Telephone No. \_\_\_\_\_

c) Date last consulted \_\_\_\_\_ Reason for consultation \_\_\_\_\_ Diagnosis/Result of visit \_\_\_\_\_

month day year

d) List any medications (prescription or nonprescription) you are taking currently \_\_\_\_\_

**HEALTH QUESTIONS** - Please complete Details for 'Yes' answers on page 3.

**6. Within the last 10 years, have you had symptoms of, or been told by a physician that you have had or have:**

- a) Chest pain, angina, congestive heart failure, heart attack, shortness of breath, heart murmur, high blood pressure, irregular heart beat, heart valve disease or any other disease or disorder of the heart or arteries?  Yes  No
- b) Aneurysm, transient ischemic attack (TIA), stroke, or peripheral vascular disease?  Yes  No
- c) Diabetes, elevated blood sugar or glucose intolerance or disease of any glands?  Yes  No
- d) Seizures, fainting, dizziness, epilepsy, convulsions or paralysis?  Yes  No
- e) Any nervous, mental or emotional disorder, or received counseling for anxiety, depression, stress, or any other emotional condition?  Yes  No
- f) Alzheimer's disease, dementia, memory loss or organic brain syndrome?  Yes  No
- g) Multiple sclerosis (MS), muscular dystrophy, ALS (Lou Gehrig's disease), Parkinson's disease or tremors?  Yes  No
- h) Injuries due to falls or imbalance?  Yes  No
- i) Arthritis, gout, chronic fatigue, fibromyalgia, myalgia, osteoporosis, fractures, or any other bone, joint or muscle disorder?  Yes  No
- j) Asthma, sleep apnea, bronchitis, pneumonia, emphysema, chronic obstructive lung disease or any other lung disorder?  Yes  No
- k) Cirrhosis, hepatitis, ulcer, colitis, diverticulitis, Crohn's disease, or other disease of the liver, gall bladder, pancreas, stomach or intestines?  Yes  No
- l) Disease of the prostate, testicles, uterus, cervix, ovaries or breasts?  Yes  No
- m) Anemia, bleeding or clotting disorder, recurrent infection, or any problem, disease or disorder of the immune system, blood, blood cells or bone marrow or any lymph node disorders?  Yes  No
- n) Disease of the urinary tract, bladder or kidneys, sugar, protein or blood in the urine?  Yes  No
- o) Cancer, leukemia, lymphoma, malignant melanoma or tumors of any kind, malignant or benign?  Yes  No
- p) Any other health impairment or medically treated condition?  Yes  No

**7. Within the last 10 years have you had:**

- a) an operation or admission to a hospital or any other health care facility for observation and/or treatment of any illness, disease or accident?  Yes  No
- b) any diagnostic tests (e.g. blood, urine, EKGs, x-rays etc), whether conducted on an in-patient or out-patient basis?  Yes  No

**8. Within the last 10 years have you been diagnosed or treated by a physician as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?**

Yes  No

**9. Do you:**

- a) have any symptom or medical concern for which you have not consulted a physician or had any consultation, testing or investigation recommended by a physician which has not yet been completed?  Yes  No

- b) consume alcoholic beverages?

<input type="checkbox"/> Never <input type="checkbox"/> Currently <input type="checkbox"/> In the past		
Type of beverage	Frequency	Quantity
Date Stopped	<div style="display: flex; justify-content: space-around;"> <span>month</span> <span>year</span> </div>	
Reason Stopped _____		

Complete if **Currently** was selected in 9 b)

Complete if **In the past** was selected in 9 b)

**10. Within the last 10 years have you:**

- a) been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment counseling or participated in a support group?  Yes  No
- b) used or tested positive for marijuana, cocaine, heroin, amphetamines, or hallucinogens?  Yes  No
- c) used any tranquilizers, sedatives or narcotic drugs or any prescription drug except in accordance with physician's instructions?  Yes  No



**EXAMINER'S REPORT - Complete for all medical examinations.**

**Section 1**

11. a) Height \_\_\_\_\_  
 Did you measure?  Yes  No
- b) Weight \_\_\_\_\_  
 Did you weigh?  Yes  No
- c) Any weight change in the past 12 months?  Yes  No  
 If 'Yes', amount \_\_\_\_\_  Loss  Gain

12. Blood Pressure Readings.

	Standing	Sitting	Lying
Systolic			
Diastolic			

13. Pulse \_\_\_\_\_  Regular  Irregular
- Type of irregularity \_\_\_\_\_
- If extra systoles, No. per min. \_\_\_\_\_

Reason \_\_\_\_\_

14. Describe general appearance (older than stated age, alert?)

15. Did anyone accompany the Proposed Life Insured during the examination?  Yes  No

If 'Yes', please provide details

Name of the person who came \_\_\_\_\_ Relationship to Proposed Life Insured \_\_\_\_\_

Why present \_\_\_\_\_

16. Did the Proposed Life Insured understand and answer all the questions asked in connection with this exam?  Yes  No

If 'No', please provide details \_\_\_\_\_

17. Do you suspect anything unfavorable such as excessive use of alcohol, cigarettes, or drugs?  Yes  No

If 'Yes', please provide details \_\_\_\_\_

**Section 2**

18. On examination is/are there any:

- a) Extra or abnormal heart sounds?  Yes  No
- b) Murmurs?  Yes  No
- c) Cardiomegaly or cardiac enlargement?  Yes  No
- d) Inadequate circulation anywhere?  Yes  No  
 (e.g. shortness of breath, edema, stasis dermatitis, PVD)
- If 'Yes', provide details below.

**Please complete the following heart chart if there are any YES answers to question 18, if there is any pulse irregularity, if any blood pressure reading is over 150/100 or if there is a history of hypertension or heart disease.**

**Murmur** If more than one, describe in Details below.

None  Systolic  Diastolic | Grade I II III IV V VI |  Loud  Harsh  Rough  Soft  Blowing

- Signs of Failure**
- Shortness of breath?  Yes  No
- Cyanosis?  Yes  No
- Engorgement of neck veins?  Yes  No
- Swelling of ankles?  Yes  No
- Rales at lung bases?  Yes  No

Location \_\_\_\_\_  
 Area of Murmur by \_\_\_\_\_ xxxx  
 Transmission by \_\_\_\_\_





---

## MATURE SUPPLEMENT FOR AGE 71 AND OLDER

Please introduce this part of the exam to the Proposed Life Insured by telling him or her that this part of the examination is an assessment of his or her mobility, daily living activities and memory.

### A. ORIENTATION

Please record the Proposed Life Insured's answer.

What is the month \_\_\_\_\_ year \_\_\_\_\_ day of the week \_\_\_\_\_ day of month \_\_\_\_\_

---

### B. DELAYED WORD RECALL - PART I



1. Advise the Proposed Life Insured this is a memory test. Point to three objects and ask the Proposed Life Insured to tell you what they are. Advise the Proposed Life Insured that you will be asking him/her to recall these words in a few minutes.
2. This will complete Part I. You will complete Part II of the Delayed Word Recall in 5 minutes.

---

### C. ACTIVITIES OF DAILY LIVING

Ask the Proposed Life Insured the following questions and record the answers.

- a) Do you live alone?  Yes  No  
If 'No', who do you live with? \_\_\_\_\_
- b) Have you had any falls in the last 2 years?  Yes  No  
If 'Yes', record details \_\_\_\_\_
- c) Have you had any visits to the hospital emergency room in the past 12 months?  Yes  No  
If 'Yes', record details \_\_\_\_\_
- d) Do you belong to any social groups, social clubs or do any volunteer work?  Yes  No  
If 'Yes', record details \_\_\_\_\_
- e) How many times a week do you engage in social activities outside of your home?  Yes  No  
Record details \_\_\_\_\_
- f) Do you do any travel?  Yes  No  
If 'Yes', record details \_\_\_\_\_
- g) Who does the housework or yard work at your home?  
\_\_\_\_\_
- h) Who shops for food, clothing and personal items for you?  
\_\_\_\_\_
- i) Who pays the bills, manages finances and balances the checkbook?  
\_\_\_\_\_
- j) Do you need any assistance with your laundry or taking your medication?  Yes  No  
If 'Yes', record details \_\_\_\_\_
- k) Do you require any assistance with dressing, bathing, eating, transferring, toileting?  Yes  No  
If 'Yes', record details \_\_\_\_\_

---

### D. DELAYED WORD RECALL – PART II



If it has been 5 minutes since you completed Part I of the delayed word recall, please now complete Part II and then resume the remainder of the exam.

Ask the Proposed Life Insured to recall the three objects.

How many were recalled correctly? \_\_\_\_\_ /3

## E. MOBILITY



This task will need to be timed with a stopwatch. Record the time it took to complete the entire task in seconds. Ask the Proposed Life Insured to get up from a seated position, walk 10 feet, return and sit down again.

Time: \_\_\_\_\_ seconds (for entire process)

If the time is greater than or equal to 20 seconds, then please comment on any abnormalities of the following:

Ability to rise from the chair \_\_\_\_\_

Steady or Unsteady \_\_\_\_\_

Ability to make turns \_\_\_\_\_

Hesitancy \_\_\_\_\_

Awkward or abnormal Gait \_\_\_\_\_

Posture \_\_\_\_\_

## F. CLOCK DRAWING

Please have the Proposed Life Insured draw a clock reading 11:10 (10 minutes after 11 o'clock).

## G. OBSERVATIONS

a) Does the Proposed Life Insured require any assistance from another person or the use of any adaptive devices (ie cane, walker etc)?

If 'Yes', record details \_\_\_\_\_

b) Does the Proposed Life Insured have any evidence of a cognitive disorder? (dementia, memory loss, confusion, behavioral change, lack of comprehension)

If 'Yes', record details \_\_\_\_\_

c) Describe the Proposed Life Insured's personal grooming. (well dressed, clean, neat, or unkempt, fragile, poorly groomed)

d) Describe any other general observations or comments you, the examiner, would like to make about the Proposed Life Insured.

## EXAMINER'S CERTIFICATION AND SIGNATURE

How did you identify the Proposed Life Insured?  Driver's License (with photo)  Other photo ID - give details \_\_\_\_\_

Passport \_\_\_\_\_  
Country \_\_\_\_\_

Examination location  Examiner's Office  Other - give details \_\_\_\_\_

Indicate requirements completed  Blood  EKG  CXR  TST Date provided to Distributors \_\_\_\_\_  
 Urine \_\_\_\_\_  
month day year

Indicate any requirements not completed and reason \_\_\_\_\_

I hereby certify that I have personally examined the Proposed Life Insured and have correctly and fully reported my findings.

Signed at \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Name of Examiner \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

X

Address - City, Country, Mailing Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Examination completed on (date and time) \_\_\_\_\_

month day year Time