

ECG F. No. 3307

Life Insurance Corporation of India

_____ Divisional Office

Instructions to the Cardiologist

1. Please satisfy yourself about the identity of the Examinee to guard against impersonation.
2. The examinee and the person introducing him must sign in your presence. Do not use the form signed to advance.
3. General instructions : The baseline must be steady Standardisation slip must be included. The tracing must be pested on a folder. Each lead should contain 3 complexes. If the pulse rate is high, give him some rest before recording rest ECG. A note of the ECG should be made in the Medical Diary.
4. Rest ECG : Record usual 12 leads.
5. Additional Leads (i) If leads III and a VF show a deep Q or T wave change record. Additionally, the same leads in deep inspiration (ii) If lead V1 shows a tall R wave, record additionally lead V4R.
6. Both Rest and Exercise ECGs (simultaneously) when both Rest and Exercise ECGs are called for, record Rest ECG as per instructions at (4) and (5) above. For purpose of exercise ECG record leads V4, V5, V6, I, II, III, a VR, a VL, a VF, V1, V2 and V3 immediately after Exercise.
Proper Double Standard Two-Step exercise should be given to the examinee so as to raise the hear rate to 100 p.m more but in no case less than 20 to 30 beats over the resting rate.

_____ Divisional Office Dev Officer's Name _____

Branch Office _____ Agent's Name _____ Prop/Pol No. _____

Full Name of the Examinee _____

Age _____ year Introduced by _____ His Signature _____

Note : The Medical Examiner is requested to explain the following questions to the Examinee and request him to write down the answers in his own handwriting in the presence of the Medical Examiner.

Answer

'Yes' or 'No'

1. Have you ever had pain in chest High or Low Blood Pressure Palpitation Breathlessness or Dizziness at rest or on exertion or any disease of cardio-vascular system or diabetes or any disease of kidney?
2. Have you ever had an ECG X-Ray of chest Blood Sugar or Blood Cholesterol or any other test? If so give details.

3. Are you now in good health and generally maintain good health?

I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and that they are true and complete in every particular and no information has been withheld.

Dated at _____ on _____ Day of _____ 20_____.

Witness _____

Signature or thumb impression of the Life Assured before Medical Examiner

REPORT ON ELECTROCARDIOGRAM AT REST/AFTER EXERCISE

(Delete whatever is not applicable)

Position	P.wave
Standardisation : 1 mv	PR Interval
Auricular Rate QRS	Complexes
Ventricular Rate	Q. T Duration
Rhythm	S . T Segment
Mechanism	T Waves
Voltage	Q Waves
Electrical Axis	Extra Systoles Type

Height in cms. _____
B.P. at Rest _____
Clinical Finding of Heart Condition _____

Weight in Kg _____
Pulse Rate of Rest _____

Conclusion _____

Dated at _____ on the _____ day of _____ 20 _____.

Examiner _____

Signature of the Medical

Qualification _____

Examiner's No. : _____

Name & Address _____