

info@cig.co.za www.cig.co.za

MEDICAL REPORT

Policy No	<input type="text"/>
Policy Holder	<input type="text"/>
Name	<input type="text"/>
Age next birthday	<input type="text"/>
I.D. Number	<input type="text"/>
Are you this persons usual doctor?	<input type="text"/>
Blood pressure reading	Systolic <input type="text"/> Diastolic <input type="text"/>
Please comment on the following	<input type="text"/>
Eyesight	<input type="text"/>
Hearing	<input type="text"/>
Heart	<input type="text"/>
Any Physical Irregularity	<input type="text"/>
General Fitness	<input type="text"/>
The person is	<input type="checkbox"/> Physically competent to drive a motor vehicle <input type="checkbox"/> Not physically competent to drive a motor vehicle
Date of Examination	<input type="text"/>
Examining Doctor	<input type="text"/>
Telephone number	<input type="text"/>
Doctor's Signature	<hr/>

You are liable for your own medical account