MEDICAL REPORT FOR AUTOMOBILE INSURANCE

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

_____ Date of Birth: _____

Is applicant actively employed? ☐Yes ☐No
If yes, indicate type of work. _____

Is there any other driver 75 years of age or older? ☐Yes ☐No

If yes, supply name and date of birth._____
If more than one driver is over the age of 75, a separate report on each individual must be completed.

Applicant's Authorization to his Physician

I hereby authorize you to complete for RoyalStar Assurance Ltd., the following report on my physical condition.

_____ _____
Applicant's Signature Date

To be completed by the Physician (if an answer is 'Yes' to any of the following, please explain briefly).

Does the applicant have a total loss or an uncorrected partial loss of or reduction in hearing?
☐Yes ☐No

Has the applicant lost the use of a hand, an arm, a leg, or an eye? ☐Yes ☐No

Has the applicant had any cardio-vascular disease? ☐Yes ☐No

Has the applicant had dizziness or fainting spells? ☐Yes ☐No

Has the applicant recently suffered a serious illness of any kind? ☐Yes ☐No

_____
Physician's Signature

RoyalStar Assurance

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Does the applicant have diabetes? ☐Yes ☐No

Does the applicant have epilepsy? ☐Yes ☐No

Is the Applicant currently taking any prescribed medication? ☐Yes ☐No

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Does the applicant have any uncorrected partial loss or reduction of eyesight? ☐Yes ☐No

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Is there any limitation of peripheral vision or any opacity of the crystalline lens of either or both eyes? ☐Yes ☐No

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Does the applicant have any difficulty distinguishing red from green? ☐Yes ☐No

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Please supply visual acuity:

Natural	Left 20/	Right 20/	Both Eyes 20/
Corrected	Left 20/	Right 20/	Both Eyes 20/

Date of Applicant's last physical exam:

As of the date of the last examination, are you satisfied that the Applicant's general physical and mental conditions are such that he can safely operate an automobile? ☐Yes ☐No

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Additional comments: _____

Date:_____ _____

_____

_____ _____

Physician's Signature Page 2 of 2 Physician's Full Name & Address