



GUARDIAN LIFE OF THE CARIBBEAN LIMITED

To be completed by Gynaecologist
Females only

Looking After Life since 1847
A Member of the Guardian Holdings Group

1) Proposed Applicant (please print)	2) Date of Birth			3) Height - in shoescm	4) Weight - clothed kg
	Day	Month	Year		
5) Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6) Any weight change in the past year? Reason Yes <input type="checkbox"/> No <input type="checkbox"/> Gain <input type="checkbox"/> Loss cms.....			

- 7) Does she have post-menopausal bleeding Yes No
- 8) Is she on hormone replacement therapy Yes No

Breast examination

- 9) Is there any galactorrhoea Yes No
- 10) Is there any bloody or coloured discharge from the nipples Yes No
- 11) Is there any breast lump if yes - specify Yes No

Pelvic examination

- 12) Is there any vulval lesion if yes - specify Yes No
- 13) Is the cervix healthy - looking if No - specify Yes No
- 14) Is there any evidence of
a. Uterine Fibroids Yes No
if yes - size of uterus
- b. Ovarian Cyst Yes No
if yes - size of cyst
- 15) Is there any evidence of
a. Urinary Stress Incontinence Yes No
b. Uterine Prolapse Yes No
- 16) Does she have Polycystic Ovarian Syndrome Yes No
- 17) Does she have Endometriosis Yes No

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Medical Examiner's Signature

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Date