



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

इलेक्ट्रोकार्डियोग्राम ELECTROCARDIOGRAM

Instruction to the Cardiologist :

- 1) Please satisfy about the identity of the Examinee to guard impersonation.
- 2) The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance.
- 3) **General Instruction :** THE BASE LINE MUST BE STEADY. STANDARDISATION SLIP MUST BE INCLUDED. THE TRACING MUST BE PASTED ON A FOLDER. Each head 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 Medical Diary.
- 4) **Rest ECG :** Record usual 12 leads.
- 5) **Additional Leads :** i) If leads and a VF, shows a deep Q or T wave change, record, additionally, the same leads in deep inspiration ii) If lead VI shows a tall R wave, Record additional lead V4R.
- 6) **Only Exercise ECG :** Record Leads, I, II, III, V2 V4 and V5 at rest, and for the purpose Exercise ECG record Leads V4, V5, V6, I, II, III, aVR, aVL, aVF, V1, V2 and V3 immediately after exercise Proper Double Standard Two-step exercise should be given so as to raise the heart rate to 100 p.m. more but in no case less than 20 to 30 beats over the resting rate.
- 7) **Both Rest and Exercise ECGs (simultaneously) :** When both Rest and Exercise ECGs are called for, record ECG as per instructions (4) above for Purpose of exercise ECGS, record leads V4, V5, V6, I, II, III, aVR, aVL, aVF, V1, V2 and V3 immediately after Exercise.

वडोदरा मंडल कार्यालय

Vadodara Divisional Office

विकास अधिकारी का नाम

Dev. Officer's name

शाखा कार्यालय

Branch Office

अभिकर्ता का नाम

Agent's Name

प्रस्ताव/ पोलिसी संख्या

Prop./ Pol.No.

जांच करनेवाले का पूरा नाम

Full name of the Examinee

आयु वर्ष

Age

Years

प्रस्तुतकर्ता

Introduced by

उसका हस्ताक्षर

His Signature

बीमार्थी का व्यक्तिगत विवरण

PERSONAL STATEMENT OF THE LIFE TO BE ASSURED

नोट : चिकित्सा परीक्षक से निवेदन है कि जांच करने वाले को निम्न प्रश्न समझा दे और उससे निवेदन करे कि वह चिकित्सा परीक्षक के सामने अपनी हस्तलिपि में उत्तर लिखे ।

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.

1. क्या आप को कभी छाती में दर्द, उच्च या निम्न रक्तचाप, घड़कन, आराम या परिश्रम करते समय बसने हीनता या चक्कर आना, अथवा हृदय तंत्र संबंधी कोई रोग या मधुमेह या गुर्दे की बीमारी हुई ?  
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 cardiovascular system or diabetes or any disease of kidney ?  
उत्तर दें  
हां या नहीं  
Answer  
Yes  
or  
No.

कृपया उत्तरिए P.T.O.

2. क्या आपने कभी कोई ई. सी. जी. छाती का एक्स-रे, रक्त शर्करा या रक्त कोलेस्टेरोल या अन्य कोई जांच कराई ? यदि हां तो विवरण दें ।  
Have you ever had an ECG, X-Ray of chest, Blood Sugar or Blood Cholesterol or any other test ? if so, give details ?

3. क्या आप इस समय पूर्ण स्वस्थ हैं और साधारणतः आपका स्वास्थ्य अच्छा रहता है. ?  
Are you now in good health and generally maintain good health?

मैं एतद्वारा घोषित करता हूँ कि उपरोक्त विवरण और उत्तर मैंने पूरी तरह प्रश्नों को समझ कर दिये हैं और वे हर प्रकार से सत्य एवं पूर्ण हैं और मैंने कोई भी बात नहीं छिपाई है ।

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

स्थान \_\_\_\_\_ पर दिनांकित \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_\_ the day of \_\_\_\_\_

साक्षी /Witness \_\_\_\_\_

चिकित्सक परीक्षक Medical Examiner

वीमेदार के चिकित्सा परीक्षक के समक्ष हस्ताक्षर

या अंगूठे का निशान

Signature or thumb impression of  
the Life Assured before Medical Examiner

/ AFTER EXERCISE

(Delete whatever is not applicable)

### REPORT ON ELECTROCARDIOGRAM AT REST

Position	P Waves
Standardisation 1 Mv =	P R Interval
Auricular Rate	Q R S Complexes
Ventricular Rate	QT Duration
Rhythm	ST Segment
Mechanism	T Waves
Voltage	Q Waves
Electrical Axis	Extra Systoles Type

Height in cms \_\_\_\_\_

Weight in Kg \_\_\_\_\_

B.P. at Rest \_\_\_\_\_

Pulse Rate at Rest \_\_\_\_\_

Clinical Finding of Heart Condition

Conclusion :

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

चिकित्सा परीक्षक के हस्ताक्षर Signature of the Medical Examiner

योग्यताएँ Qualifications \_\_\_\_\_

परीक्षक की संख्या Examiner's No. \_\_\_\_\_

नाम व पता Name & Address \_\_\_\_\_

फार्म सं. F. No. 3307 (संशोधित Rev.)

50 X 50 Pads Arthant 05/02

50 X 20 Pads Arthant 05/02