



MEASUREMENTS

INSURANCE COMPANY: _____

PROPOSED INSURED: _____

DATE OF BIRTH: _____ SS#: _____

AGENT NAME: _____ Policy #: _____

Amount of Insurance: \$ _____ Photo ID?: [] Yes [] No

Type of ID used: _____

Drivers License #: _____ Other #: _____

HEIGHT and WEIGHT

Complete all items and weigh client on a scale and measure with a tape.

HEIGHT: _____ feet _____ inches

WEIGHT: _____ pounds

Did you measure? [] Yes [] No

Did you weigh? [] Yes [] No

BLOOD PRESSURE & PULSE

1st Reading: _____ / _____ Pulse _____

2nd Reading: _____ / _____ Irregularities _____

3rd Reading: _____ / _____

Witness (examiner signature)

Proposed Insured (signature)

APPS Paramedical [office 52]
5050 Pine Creek Dr. B
Westerville, OH 43081

614-839-2777 fax: 614-839-2784

Date: _____

Time: _____ [] AM [] PM

NOTE: Follow Insurance Company's mailing instructions. If all paperwork to lab, please forward to their designated laboratory; otherwise image/mail to the Insurance Company.