



INTERNATIONAL
SPECIALTY INSURANCE, INC

HELPING PROTECT
WHAT
YOU'VE ACHIEVED

QUESTIONS?
800-849-0474

INSTRUCTIONS: Print in black and initial all changes. Answer all questions in their entirety. Any unanswered questions will delay the processing "N/A" or "None" are unsatisfactory answers and will not be accepted.

Professional Athletes Medical Examiners Report

ENTIRE FORM TO BE COMPLETED BY A PHYSICIAN

Have you examined and/or treated the Proposed Insured in the past?:

YES: HOW MANY YEARS? _____ NO

Proposed Insured: (PI)

FIRST NAME M.I. LAST NAME

Date of Birth:

MM DD YYYY

Name of Team:

PROFESSIONAL COLLEGIATE OTHER

Position:

Height (IN SHOES)

FEET _____ INCHES _____

DID YOU MEASURE PI? YES NO

Weight

POUNDS _____

DID YOU WEIGH PI? YES NO

Is appearance unhealthy
or older for stated age?

YES NO

MALES ONLY

Chest full Inspiration: INCHES _____

Chest full Expiration: INCHES _____

Abdomen at Umbilicus: INCHES _____



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Blood Pressure (RECORD ALL READINGS)

SYSTOLIC				
	4 TH PHASE			
DIASTOLIC				
	5 TH PHASE			

Pulse Rate

AT REST	AFTER EXERCISE	3 MINUTES LATER

IRREGULARITIES PER MINUTE:

Please check the appropriate box:

If any of the items are deemed abnormal please provide clinical definition of abnormality as well as details and results of any diagnostic tests performed.

A. Head, Eyes, Ears, Nose or Throat

NORMAL ABNORMAL

B. Bones, Glands or Skin

NORMAL ABNORMAL

C. Lungs, or other Respiratory Organs

NORMAL ABNORMAL

D. Heart, Cardiovascular System including Blood Vessels

NORMAL ABNORMAL

E. EKG

NORMAL ABNORMAL

F. Stomach/Abdominal Organs

NORMAL ABNORMAL

G. Genito-Urinary Organs Details

NORMAL ABNORMAL

DETAILS



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MEDICAL HISTORY: Please answer **YES** or **NO** as to whether or not the Proposed Insured has ever suffered any discomfort or injury or required treatment with respect to each body part.

1. Head		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

2. Neck		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

3. Right Shoulder		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

4. Left Shoulder		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

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5. Chest & Ribs YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

6. Upper Back YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

7. Lower Back YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

8. Pelvis/Hips YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

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9. Abdomen		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

10. Right Arm		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

11. Left Arm		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

12. Right Hand		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

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13. Left Hand		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

14. Right Thigh		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

15. Left Thigh		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

16. Right Knee		<input type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL EXAM RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

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17. Left Knee YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

18. Right Lower Leg YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

19. Left Lower Leg YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

20. Right Foot YES NO NORMAL EXAM RESULTS? YES NO

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

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Q U E S T I O N S ?

8 0 0 - 8 4 9 - 0 4 7 4

8

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21. Left Foot

YES

NO

NORMAL EXAM RESULTS?

YES

NO

DATE (S)

DETAILS: (DISCOMFORT, INJURY OR TREATMENT)

DETAILS OF ANY SURGERY:

CURRENT PROGNOSIS:

DATE (S)	DETAILS: (DISCOMFORT, INJURY OR TREATMENT)	DETAILS OF ANY SURGERY:	CURRENT PROGNOSIS:

On completion of physical examination, please provide an overall impression with regard to Proposed Insured's ability to continue his or her career.

Additional Notes, Surgeries or Details.



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Q U E S T I O N S ?

8 0 0 - 8 4 9 - 0 4 7 4

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Please indicate your relationship to the Proposed Insured by checking the appropriate box:

PERSONAL PHYSICIAN

TEAM PHYSICIAN

OTHER (PLEASE SPECIFY): _____

I (examining physician) certify that I made this examination:

TIME OF APPOINTMENT

DATE OF APPOINTMENT

LOCATION OF APPOINTMENT

EXAMINERS ADDRESS

STATE

ZIP CODE

EXAMINERS PHONE

Examiner's Name (PLEASE PRINT)

Examiners Signature

Date