Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ **DIVISION**

ANNEXURE II – 2

COMPUTERISED TREADMILL TEST

Form No. LIC 03 – 003

Zone   Division   Branch

Postal No.

Agent / D. O. Code   Introduced by : (Name & signature)

Full Name of Life to be assured :

Age / Sex

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and completed and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness   Signature or Thumb Impression of L.A.

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

1) Have you ever had chest pain, palpitation, and breathlessness at rest or exertion? Y/N

2) Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N

3) Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done ? Y/ N

If the answer/s to any/all above questions 'Yes", submit all relevant papers with this form.
Dated at _____ on the _____ day of _____ 200

_____   _____
Signature of L.A.   Signature of the Cardiologist
                                               Name :
                                               Address :
                                               Qualification :
                                               Code No. :

(a)   Pre – test :   Supine
                               Standing
                               Hyperventilation

(b)   Exercise :   Stage I   )
                               Stage II   )   3 minutes each
                               Stage III   )
                               ……. peak exercise

(c)   Recovery :   Recovery
                               Recovery
                               Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mm/Hg)	RPP
PRETEST	SUPING							
	SITTING							
	STANDING							
	HYPER VENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used – BRUCE
Total Exercise Time –
Maximum Blood Pressure –
Maximum Workload
Maximum heart rate   Maximum predicted heart rate   %
Reason for termination –

Comments :

_____
Signature of the Cardiologist
Name :
Address :

Qualification :
Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)