



Life Insurance Corporation of India
(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

REPORT OF FLUOROSCOPIC EXAMINATION (SCREENING) OF :

Proposal No. _____

Agent's Code No. _____

Agent's Name _____
(For instructions, please see overleaf)

Full Name of the Life to be Assured _____

Age _____

(1) **Lungs:**
 Movements _____
 (Apices – Bases) Translucent Marking _____
 Hilar Shadows _____
 Phren – Co – Costal angles _____
 Posterio – Mediastinum _____

(2) **Pleura :**
 Right _____
 Left _____

(3) **Diaphragm :**
 (Right – Left) movements _____
 Contour _____

(4) **Heart :**
 Pulsations _____
 Positions _____
 Size _____
 Pulmonary conus _____

(5) **Aorta :**
 Size _____
 Density _____

(6) **Bony Thorax :** _____

(7) Conclusions :

Dated at _____ on the _____ day of _____ 200

Signature of the Life to be Assured

Signature of the Medical Examiner

Qualifications _____

Signed before me

Code No. _____

Medical Examiner

Name & address _____
(In Block Letters)

Instructions for Fluoroscopic Examination

1. The Fluoroscopic Examination should be done in the posterior anterior and the right and left oblique view.
2. In conclusion, please state whether you consider the condition of heart and lungs to be quite normal.