



# THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED

1c Bird Rock, Basseterre, St. Kitts & Nevis

Tel: (869) 465-8753, Fax: (869) 465-6154

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## History of:

Angina/Recent Myocardial Infarction/Heart problems      Yes      No      Giddiness/Fainting spells      Yes      No

Diabetes Mellitus (Insulin/Non-Insulin Dependent)      Yes      No      Epilepsy      Yes      No

Hypertension      Yes      No      Hallucinations      Yes      No

Cerebrovascular Accident or TIAs \_\_\_\_\_

Drugs (if yes, please list below)      Yes      No

Decreased Mental Function \_\_\_\_\_

## Examination

- Pulse / Rate Regularity \_\_\_\_\_
- Blood Pressure: \_\_\_\_\_
- Vision - without glasses \_\_\_\_\_
- - with glasses \_\_\_\_\_
- Visual fields \_\_\_\_\_
- Hearing \_\_\_\_\_
- Assessment of neck mobility \_\_\_\_\_
- Locomotion disability \_\_\_\_\_
- Mental state \_\_\_\_\_
- Reaction time \_\_\_\_\_
- Vision \* \_\_\_\_\_

\* Please note:      -      Visual acuity of at least 6/10 [ability to read 3½" (9 cm) letters at a 25 yards (23 m)] is required to drive  
                         -      Adequate field of vision (more than 120 degrees) is essential to drive  
                         -      Monocular vision does not disqualify a person from driving provided that the field of vision in the runaway eye is fine

Please comment on any unfavourable features discovered upon examination or in the applicant's history that you consider of importance in assessing the risk: \_\_\_\_\_

Do you consider the applicant fit to drive? (If no, please explain): \_\_\_\_\_

*I certify that I have made a thorough physical examination of the applicant, and the answers given are a true record of the examination.*

Medical Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Medical Doctor's Name \_\_\_\_\_

Medical Doctor's Address \_\_\_\_\_