

ECG QUESTIONNAIRE

(To be completed by the medical attendant)

Please return this completed form to ds_uwrequirements@hollard.co.za.

Please note:

- We require the original tracing as taken, not cut or mounted, with all leads clearly labelled.
- The applicant's name, signature and the date are requested on the tracing to ensure proper identification.
- No payment will be made for the examination unless the document has been completed in full and signed by the medical attendant.

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

2. Verification of applicant's details

Name of medical attendant _____

I have verified the identity of the applicant by inspecting the following:

Valid South African ID Valid temporary South African ID
 Valid South African passport South African card-type driver's licence Other

Signature

(medical attendant) _____

Date

D	D	M	M	Y	Y	Y	Y
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3. Contra-indications to performance of effort test

3.1 An effort test should not be carried out if in your opinion this is contra-indicated, e.g. by any of the following:

- An abnormal resting electrocardiogram, e.g. definite ischaemia, left ventricular strain
- Recent history of myocardial infarction or angina pectoris
- The onset of substernal or other chest pain; pain in the arms, neck or jaw or undue fatigue or breathlessness, which is an indication to stop the effort at once (however, please record the ECG as if effort is completed)
- If there is any objection by the applicant.

3.2 If effort was not completed, state how much was performed and reason for non-completion.

4. Medication

4.1 Is the applicant currently taking a beta blocker? YES NO

4.2 Is the applicant taking any other medication? YES NO

If YES, state full details and brand name _____

Initials (life insured)

5. Procedure required to produce a valid electrocardiogram for insurance purposes

Important:

The following would constitute an ECG recording that will not be considered acceptable for insurance purposes (and therefore will not be remunerated):

- a. Inadequate target heart rate achieved (see below)
- b. Less than 3 minutes of exercise
- c. Less than 5 METS.

Select the option used:

Option 1: Bruce Protocol (7 stages)

The following information must be recorded (tick to confirm presence of recording):

- 5.1 a. BP recording for **each** stage
- b. Heart rate recording for each stage

5.2 Target heart rate to be achieved: 220 minus _____ age (in years) = _____ times 0.8 = _____ bpm

Option 2: Non-Bruce Protocol

5.3 Select which type of exercise technique was performed

Master stairs Bicycle Treatmill Other _____

5.4 The following information must be recorded:

- a. Total duration of effort _____ min
- b. BP readings (mmHg):
- Resting _____
 - Immediately post effort _____
 - 3 minutes post effort _____
 - 6 minutes post effort _____
- c. Heart rate recording (b/min):
- Resting _____
 - Immediately post effort _____
 - 3 minutes post effort _____
 - 6 minutes post effort _____

5.5 Target heart rate to be achieved: 220 minus _____ age (in years) = _____ times 0.8 = _____ bpm

6. Notice to medical attendants

Hollard Life will reimburse all medical accounts issued according to the insurance billing code A1301 or A1302.

Full name _____

Qualifications _____ Practice no. _____

Work tel. no. _____ Cell no. _____

Email address _____

Postal address _____

Please send your account to ds_doctoraccount@hollard.co.za.

Initials (life insured)



7. Declaration by medical attendant

I declare that the statements above are true and complete.

Signature
(medical attendant) _____

Date

D	D	M	M	Y	Y	Y	Y
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Hollard Declaration

We respect and adhere to patient confidentiality and data privacy principles in relation to Personal Information. We will therefore only process this information for the purpose for which it is intended.

