

## ADDITIONAL MEDICAL TEST

## (For applicants aged 46 years and above)

*This test result table should be filled by the physician for the insured and mention the mandatory remarks for each insured.										
S1.No	Test		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5			
1	Blood Profile	Yes/No								
2	Lipid Profile	Yes/No								
3	Urine Analysis	Yes/No								
4	Blood Pressure Test	Yes/No								
5	Blood Sugar Level	Yes/No								
6	Liver Function Test	Yes/No								
7	Kidney Function Test	Yes/No								
8	Tests for Vitamin Deficiencies	Yes/No								

Name of the Physician:				
Name of the Clinic/Diag	nostic Center:			Mobile No:

Authorized Signatory

Date: DDMMYY

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