



**Armed Forces  
Mutual™**

Life insurance applications for children or grandchildren under age 7 require proof of medical condition within the last 12 months. You may use this form, completed and signed by the child's physician, or a signed statement of health on the physician's stationery.

1. INSURED		Customer Number (if known)
Name (Last, First MI)		Social Security Number
	Sex	Birth Date (mm/dd/yyyy) / /

2. EXAMINER	
Name ( <i>Last, First MI</i> )	Title
Mailing Address	Daytime Phone

3. CLINICAL EVALUATION	
<p>I examined the child listed above, and note the following findings:</p> <div><input type="checkbox"/> Normal examination with no significant abnormalities.</div> <div><input type="checkbox"/> Other (please explain any significant findings)</div>	
<p>Remarks and explanation of "Other" (above)</p>	

4. SIGNATURE	
Examiner Signature	Exam Date (mm/dd/yyyy) / /