

# Exam Tips

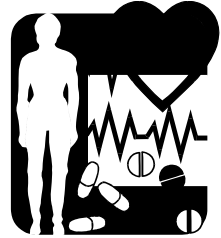
## HOW TO MAXIMIZE THE RESULTS OF YOUR INSURANCE PARAMEDICAL EXAM

*If you follow these tips, you will get the best insurance exam results.*

*Being sick, having a cold, or taking antibiotics should not affect test results.*

*You may also be called for a confidential telephone interview lasting less than up 30 minutes*

- A. 7 Days.** Before the exam, exercise. Plan your food intake carefully. **Avoid** salt (to lower blood pressure readings), rich fatty foods or those with lots of sugar. Cut down or stop altogether if you smoke or use tobacco (refrain from all these for up to 3 days or more.).
- B. 24 Hours.** Do not drink coffee (**no caffeine**) or **exercise**. Do not exercise heavily (i.e. run 5-10 miles, can give false readings) the day before, or exercise the day of, your exam. Avoid **alcohol** drinks, over-the-counter medications (like Advil and Tylenol), and poppy seeds.
- C. 3-4 Hours. Fasting** (just water, no food) prior to the exam is critical for correct blood and urine test results (and it lowers weight a little). **Sleep** well and long the night before your exam! Avoid food, especially sugar (orange juice) and cholesterol (eggs) products. Eat breakfast after the exam. If you use nicotine or tobacco, do not **smoke** or **chew** 1 to 3 days prior to your exam.
- D. 1 Hour.** Consider drinking 8+ oz of **water** for an easy urine specimen.
- E. 10 Minutes.** Be **ready** for the examination in advance. A short period of relaxation does wonders for tension and blood pressure. Refresh your **medical history**:
1. Primary care doctor (name & address).
  2. Condition(s) and diagnosis (names & dates)
  3. Doctor(s) seen for the condition(s) (name & address)
  4. Medications taken for the condition(s) (names, dates, dosage & frequency)
  5. Treatments, tests & surgery performed (names, dates, and results)
  6. Any treatment facilities used (name, address and phone #)
  7. Drivers license and social security # (always required)
- F. When.** Best to do your exam early in the **morning**. Pick a time when you are under the least stress and well rested.
- G. Duration.** Allow up to **30 minutes** for your mini-checkup (includes height, weight, blood pressure, pulse, urine and blood samples, & sometimes an EKG). If an EKG, remove electronics (keys, beepers & cell phones). If **weight** is an issue, empty pockets, wear minimal lightweight clothing & light running shoes (makes you taller). If you know the maximum required weight, discuss that if examiner measures higher. Best to round up your height to the next higher inch.



**Remember... proper preparation can save you time and money!**

# RWM - Pre-Qualification General Checklist for Insurance

## A history of any of the following can change the premium quote and rate class

- ALZHEIMER'S DISEASE
- ASTHMA (IF OTHER THAN EXERCISE INDUCED BRONCHOSPASM)
- BANKRUPTCY, CHAPTER 7, 13 CONSIDERED
- BLOOD PRESSURE, HIGH AND/OR TREATMENT
- CANCER (EXCEPT TREATED BASAL CELL CARCINOMA)
- CHOLESTEROL - HIGH LEVELS OR RATIOS
- CHRONIC KIDNEY OR LIVER DISEASE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
- CITIZENS OF FOREIGN COUNTRIES HERE LEGALLY, CONSIDERED
- CORONARY ARTERY DISEASE
- CROHN'S DISEASE
- DEPRESSION
- DIABETES (TYPE 1 OR TYPE 2)
- DMV MINOR OR MAJOR DRIVING VIOLATIONS INCLUDING DUI
- DRUG OR ALCOHOL ABUSE
- EMPHYSEMA
- EPILEPSY
- FAMILY HISTORY OF CANCER, HEART DISEASE OR DIABETES IN PARENTS OR SIBLINGS
- FIBROMYALGIA
- GASTRIC BANDING/BYPASS SURGERY
- GASTRIC OR PEPTIC ULCERS
- GOUT
- HEART MURMUR
- HEPATITIS
- HIV POSITIVE TEST RESULTS
- RECURRENT KIDNEY STONES
- LEUKEMIA
- LIVER DISEASE AND/OR HIGH ENZYME READINGS
- LUPUS
- MELANOMA
- MENTAL OR NERVOUS DISORDER
- MITRAL VALVE PROLAPSE
- MULTIPLE SCLEROSIS
- MUSCULAR DYSTROPHY
- PARKINSON'S DISEASE
- PREGNANT CURRENTLY WITH COMPLICATIONS (INCLUDING IN PREVIOUS PREGNANCIES) OR HIGH RISK (IF NOT PREGNANT, THIS DOES NOT APPLY)
- PRESCRIPTION MEDICATIONS, TAKING OR PRESCRIBED
- PROSTATE RELATED IMPAIRMENTS
- RATED OR DECLINED FOR INSURANCE
- RHEUMATOID ARTHRITIS
- SARCOIDOSIS
- SLEEP APNEA
- STROKE
- SUICIDE ATTEMPT
- TOBACCO OR NICOTINE USE
- ULCERATIVE COLITIS
- VASCULAR DISEASE
- WEIGHT ABOVE SPECIFIED NORMAL LIMITS
- MINOR MOOD DISORDERS (IE ANXIETY, STRESS, SEASONAL AFFECTIVE DISORDER (SAD),
- ATTENTION DEFICIT DISORDER (ADD), ATTENTION DEFICITE HYPERACTIVITY DISORDER (ADHD), ETC.) WILL BE CONSIDERED PROVIDED DISORDER IS CATEGORIZED AS MINOR IN SEVERITY (IE CLEAR MVR, NO ALCOHOL/DRUG MISUSE/ABUSE, NEVER HOSPITALIZED FOR THE DISORDER, NO SUICIDE ATTEMPTS, NO MISSED SCHOOL OR WORK, ETC.).
- YOU MUST NOT PARTICIPATE IN ANY HAZARDOUS ACTIVITIES OR OCCUPATIONS, SOMETIMES WITH THE EXCEPTION OF RECREATIONAL SCUBA DIVING UP TO 75 FEET. SCUBA INSTRUCTORS GENERALLY NOT ACCEPTABLE. ACTIVE DUTY MILITARY PERSONNEL WILL NOT BE CONSIDERED.
- YOU MUST HAVE NO DUIS OR RECKLESS DRIVING CONVICTIONS IN THE LAST 5 YEARS, NO MORE THAN 3 MINOR DRIVING VIOLATIONS IN THE LAST 3 YEARS, NO MORE THAN 1 MAJOR DRIVING VIOLATION IN THE LAST 3 YEARS, AND NONE IN THE LAST 12 MONTHS.
- A HISTORY OF A CRIMINAL ACTIVITY IS GENERALLY NOT ACCEPTABLE.
- PRIVATE PILOTS WILL BE CONSIDERED, MAYBE WITH AN AVIATION EXCLUSION RIDER WHERE ALLOWED.
- COMMERCIAL PILOTS MUST FLY ON REGULARLY SCHEDULED ROUTES WITHIN THE UNITED STATES AND CANADA, AND NOT PARTICIPATE IN ANY OTHER TYPE OF FLYING.
- FOREIGN TRAVEL: IF YOU INTEND TO TRAVEL OUTSIDE THE UNITED STATES YOU MAY NOT BE ELIGIBLE FOR THIS INSURANCE BASED UPON THE COUNTRY YOU INTEND TO VISIT.
- CITIZENS OF MOST FOREIGN COUNTRIES WHO ARE HERE LEGALLY, HAVE A VALID U.S. STREET RESIDENCE ADDRESS MAY BE CONSIDERED, ALTHOUGH VISA TYPES C, D, M-1, N, S, T, TPS, TWOV AND U MAY NOT ACCEPTABLE. THE PARAMEDICAL EXAM MUST BE COMPLETED AND THE APPLICATION MUST BE SIGNED IN THE U.S. AT THE APPLICANT'S VALID STREET ADDRESS (USE OF P.O. BOXES IS NOT PERMITTED).
- IF YOU ARE NOT A US CITIZEN, YOU MUST SCAN AND EMAIL TO RWM A COPY (FRONT AND BACK) OF YOUR PERMANENT RESIDENT CARD (COMMONLY REFERRED TO AS A GREEN CARD), VISA, OR OTHER DOCUMENTATION THAT VERIFIES YOUR LEGAL RESIDENCY IN THE U.S.
- NO DOCTOR HAS RECOMMENDED ANY MEDICAL TEST OR PROCEDURE THAT HASNOT YET BEEN COMPLETED