

DEFORMITY QUESTIONNAIRE

(To be filled by the Orthopedic Surgeon/Panel Medical Examiner)

Full name of life to be assured

Proposal number /Application number

1. Has the deformity affected (Please tick what is applicable, limbs include hands and legs both)

- i) One limb ☐ Yes ☐ No
- ii) Two limb ☐ Yes ☐ No
- iii) More than two ☐ Yes ☐ No
- iv) Vertebral spine ☐ Yes ☐ No

Wherever yes please indicate the extent of deformity:

2. In your opinion is the deformity congenital (since birth) or acquired: (Please tick what is applicable)

- ☐ Congenital ☐ Acquired

Give details of what is applicable

3. Is the deformity caused by a static, progressive or generalized bone disease? (Please tick what is applicable)

- ☐ Static disease ☐ Progressive disease ☐ Generalized bone disease

4. Does the client use

- ☐ Crutches ☐ Calipers ☐ Wheel chair ☐ Walking stick ☐ No support

5. If the deformity is affecting the hand, is the grip satisfactory?

- ☐ Yes ☐ No ☐ Does not apply

6. Is the gait normal, can the client walk fast and run? ☐ Yes ☐ No

7. Is the life to be assured an amputee? ☐ Yes ☐ No
(e.g TAO, Diabetic Gangrene, Accidental injury requiring amputation, etc.)

8. In case the proposer is having paraplegia (paralysis of both lower limbs), is it subsequent to:

- ☐ Old polio ☐ Post traumatic ☐ Post CNS disease

(Give details for any other condition)

9. In your opinion is the proposer well rehabilitated inspite of the handicap: ☐ Yes ☐ No

- a. Self care activities ☐ Yes ☐ No b. Ability to travel to work place ☐ Yes ☐ No

c. In case he/she is employed, name and address of the employer and duration of employment

d. If self employed, please describe his/her day's routine

10. In case cause of deformity is none of the above, what is the most likely cause and what minimum investigation would you suggest to arrive at a diagnosis?

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer

Signature of the Medical Examiner / Code No.