

TUBERCULOSIS QUESTIONNAIRE INCLUDING PLEURISY

(TO BE FILLED BY ATTENDING PHYSICIAN / MEDICAL EXAMINER)

Full name of life to be assured

Age

Proposal number /Application number

Advisor code number

1. Date / month and year of first diagnosis and the age of life assured at the time of diagnosis

2. Please state the actual diagnosis indicating nature of the old lesion eg., healed fibrotic, infiltrative, cavitary, miliary or pleurisy with / without effusion.

3. Details of treatment taken and duration of the treatment.

4. Date or month and year of stopping treatment.

5. Please provide the reports of Chest X – Ray, CBC, ESR.

☐ Yes ☐ No

(In serial order and date wise) (if yes mention relevant values if medical reports are available).

6. Weight in Kgs.

a. Prior to treatment

b. After complete recovery

c. Present weight

7. Was this person hospitalized for treatment of the disease or its complications.

☐ Yes ☐ No

If yes, attach copy of hospital discharge card

8. Does the person smoke, consume tobacco in any of the following forms?

a) Smoking

☐ Yes ☐ No

If yes, state how frequently?

• Cigarettes

☐ Yes ☐ No

If yes, number smoked per day.

cigarettes/day since years

• Bidi

☐ Yes ☐ No

If yes, number smoked per day

Bidis/day since years

• Pipe

☐ Yes ☐ No

times/day since years

• Cigar

☐ Yes ☐ No

cigar/day since years

• Any other form

☐ Yes ☐ No

How much

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.