IndiaFirstLife

ASTHMA QUESTIONNAIRE

Application No: _____

Name of life to be assured: _____

1. Occupation and exact nature of duties

_____

_____

2. Was your first attack in childhood ☐ _____ or in adulthood ☐ _____ ? (Please give exact age at onset)

	YES	NO
3. Have the attacks of chi ldhood asthma disa ppeared on reaching age 20 yrs? (to be answered in case of childhood asthma)	☐	☐
If not, are they of same frequency and severity as earlier childhood attacks?	☐	☐
4. Are your attacks seasonal? If yes, num ber of attacks per season _____	☐	☐
5. Have you been admitted to hospital for Asthma? If yes, attach attending physicians report on the episode.	☐	☐
6. How many attacks on an average do you have in a year and when was the last episode? _____		
7. How long do the attacks usually last? _____		
8. Does your work environment have hi gh level of pol l uti on?	☐	☐
9. How many days (total) you have been away from work due to asthma du ri ng last two years? _____		
10. Have you been subjected to Pul monary Function Tests? If so, submit the reports.	☐	☐
11. Give detai ls of drug treatment taken if any		
_____		
_____		
12. Are you a smoker? If yes, pl ease specif y the form & quantity of smoking per day _____	☐	☐

13. What is the level of exercise tolerance? (Mention distance, which you can walk & number of stairs you can climb without causing breathlessness)

_____

_____

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

Date: _____

Place: _____

_____

Signature of the Life to be assured/Proposer

IndiaFirst Life Insurance Company Ltd.,
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