PROMOTED BY

बैंक ऑफ़ बड़ौदा Bank of Baroda | यूनियन बैंक Union Bank of India

IndiaFirst LIFE INSURANCE

## COVID-19 (Coronavirus) Exposure Questionnaire

Applicant's Name: Application Number:

## Please answer the following questions with as much detail as possible:

**1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ? If yes, please provide details.**

Yes ☐ No ☐

**2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARSCoV2/COVID-19)? If yes, please provide dates and locations.**

Yes ☐ No ☐

**3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?**

Yes ☐ No ☐

**4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis.**

Yes ☐ No ☐

**5. Have you experienced any of the following symptoms within the last 14 days?**

- ☐ Any fever
- ☐ Cough
- ☐ Shortness of breath Malaise (flu-like tiredness)
- ☐ Rhinorrhea (mucus discharge from the nose) Sore throat
- ☐ Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea
- ☐ None of the above

If yes, to any of these, please indicate which and provide full information.

**6. Travel Declaration**

a. Please provide your travel patterns over the past 14 days: Yes ☐ No ☐

| COUNTRY | CITY | DATE ARRIVED | DATE DEPARTED |
|---|---|---|---|
| | | | |

b. Please detail your intended future travel plans for the next 30 days: Yes ☐ No ☐

| COUNTRY | CITY | DATE ARRIVAL | INTENDED DURATION |
|---|---|---|---|
| | | | |

**7. Are you currently in good health?**

Yes ☐ No ☐

**8. Does your occupation fall within any of the below mentioned? (If yes please provide details) ? Doctor/ medical professional ? Nursing personnel ? Pharmacist ? Transport work force personnel ? Police/Military staff ? Pilots/ Cabin Crew personnel ? Merchant marine?. Any other occupation which has higher exposure to a large population. If yes, please specify.**

Yes ☐ No ☐

**9. Have you been vaccinated?**

Yes ☐ No ☐

| **Vaccination details** | **Name of vaccine** |
|---|---|
| a. Date of 1st dose | DD/MM/YYYY |
| b. Date of 2nd dose | DD/MM/YYYY |
| c. Any Adverse reaction except fever, body aches | Yes ☐ No ☐ |
| If response to question no. 9(c) is yes, please provide details. | |

## Declaration

☐ I hereby confirm that the answers to the questions provided by me/us are to the best of our knowledge and true. I have not withheld any material fact or information which may affect the assessment or acceptance of this proposal by IndiaFirst Life Insurance Company Ltd. I understand and accept that I will receive all communication including the soft copy of the policy document via email / WhatsApp or in link via SMS from IndiaFirst Life Insurance Company Limited.

Signed at _____ on this day _____ of _____

Applicant Signature



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