

DEFORMITY QUESTIONNAIRE

Application No:

Name of life to be assured:

1. Does the deformity affect (Please tick what is applicable)

- One limb Yes ☐ No ☐
- Two limbs Yes ☐ No ☐
- Vertebral spine Yes ☐ No ☐

If Yes, give details:

2. In your opinion is the deformity congenital 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. If the deformity is affecting the hand, is the grip satisfactory Yes ☐ No ☐ NAQ ☐

5. Is this person an amputee? Yes ☐ No ☐

If yes, mention the disease for which amputation has been done.
(E.g. TAO, Diabetic Gangrene, Accidental Injury requiring amputation, etc.)

6. In case the proposer is having paraplegia (paralysis of both lower limbs), is it se to:-

- Old polio ☐
- Post traumatic ☐
- Post CNS disease ☐

(Any other condition, give details)

7. In Your opinion is the proposer well rehabilitated in spite of the handicap:-

- Well rehabilitated Yes ☐ No ☐
- Self Care activities Yes ☐ No ☐
- Ability to travel to work place Yes ☐ No ☐

8. In case he / she is employed, name and address of the employer?

9. 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 arriving at a diagnosis?

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

Signature of Life to be assured / Proposer:

Signature of Medical Examiner with Code No:

Date: Place: