

EPILEPSY QUESTIONNAIRE

[To be filled by the medical examiner]

Application No:

Full name of life to be assured:

- Month/ Year of diagnosis.
- What was the time interval between 1st and 2nd seizure?
- Was it diagnosed as: (✓) Tick what is applicable.
 a. Grand mal ☐ b. Petit mal ☐ c. Focal epilepsy ☐ d. Tonic-Clonic ☐
- Was CT scan Advised? If yes, please attach report. Yes ☐ No ☐
- Was EEG advised? If yes, please attach the report. Yes ☐ No ☐
- Are you still required to take drugs to control the epilepsy?
 If so, please give details of present drug treatment. Yes ☐ No ☐
- Were you hospitalized for any complication of epilepsy? (✓) Tick whichever is applicable:
☐ Trauma (injury) ☐ Status epilepticus (continuous fits)
 If yes, attach hospital discharge card
- If you are now free from seizures (Attacks of epilepsy), when was the last attack?
- Are you gainfully employed? Yes ☐ No ☐
 If yes, describe briefly the nature of work.
- Are you permitted to drive a vehicle as a part of your day to day activity? Yes ☐ No ☐

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 the life to be assured/Proposer

Signature of Medical Examiner with Code No.

Date:

Place: