IndiaFirstLife

GOITRE QUESTIONNAIRE TEST

[To be filled by the medical examiner]

Application No: | | | | | | | | | |

Full Name of life to be assured: | | | F | I | R | S | T | | | | | | | | | | | | | | | | | | | | L | A | S | T | | | | |

1. Comment on the nature of enlargement :

a. Size and Shape: Please tick which ever is applicable.

Uniform ☐ Unilateral ☐ Nodular ☐ Bilateral ☐

b. Ist here any evidence of

Local tend erness Yes ☐ No ☐

Hard or firm feeling Yes ☐ No ☐

c. Do you consider the enlargement to be due to :

1. Puberty Goiter Yes ☐ No ☐

2. Toxic Goiter Yes ☐ No ☐

3. Multi - Nodular Yes ☐ No ☐

4. Malignancy Yes ☐ No ☐

d. Is he / she now on any drug treatment? Yes ☐ No ☐

If so mention the drugs.

e Is there any clinical evidence of

1 Hyperthyroidism Yes ☐ No ☐

2 Hypothyroidism Yes ☐ No ☐

3. If yes, give details Yes ☐ No ☐

f. If the proposer is having Hyperthyroidism, is there any evidence of eye involvement? Yes ☐ No ☐

If yes, details of abnormality of the eye.

g. Do you consider the disease as :

I. Static and controlled Yes ☐ No ☐

ii. Progressive and uncontrolled Yes ☐ No ☐

I here by 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 Medica l Examiner with Code no.

Date: | D | D | M | M | Y | Y | Y | Y |

Place:

Date: | D | D | M | M | Y | Y | Y | Y |

Place:

IndiaFirst Life Insurance Company Ltd.,
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