IndiaFirstLife

THYROID QUESTIONNAIRE

[To be filled by the medical examiner]

Application No: _____

Full name of Life to be assured: _____

1. Have you ever suffered from any Thyroid disorder? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Diagnosis: _____
   - ■ Type of Disorder: _____
   - ■ Treatment Details: _____
2. Have you experienced any weight gain or loss? Yes ☐ No ☐
   If yes, Gained/Lost _____ Kg
3. Have you ever suffered or are suffering from any tumor problem? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Diagnosis: _____
   - ■ Type of Tumor: _____
   - ■ Grade of Tumor: _____
   - ■ Treatment Details: _____
4. Have you ever undergone any Surgery? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Surgery: _____
   - ■ Diagnosis for surgery: _____
   - ■ Type of Surgery: _____
5. Have you followed up for the same? Yes ☐ No ☐
   (Please attach a copy of reports pertaining to follow up & treatment details if any)

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 medical examiner: _____ Signature of Life to be Assured: _____

Date: _____

Place: _____

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