IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda Legal & General Andhra Bank

CHEST PAIN QUESTIONNAIRE

[To be filled by the medical examiner]

Application No:

Name of life to be assured: FIRST LAST

1. When did you f irst experience chest pain?

2. Please provide details of treatment and investigation done for the chest pain.

3. What was the nature and severity of pain?
   a) Very severe ☐ b) Crushing ☐ c) Sharp ☐ d) Stabbing ☐ e) Dull ache ☐ f) Vague discomfort ☐

4. Did the pain radiate outside the chest I.e. to the shoulders, arms, jaws, or abdomen Yes ☐ No ☐

5. How long did the pain last?

6. Have you again experienced any chest pain Yes ☐ No ☐
   If yes, when

7. Do you smoke?
   If yes, how many cigarettes per day Yes ☐ No ☐

8. Do you suffer form or have family history of Diabetes or hypertension Yes ☐ No ☐
   (If yes attach treatment details)

9. Have you been hospitalized for the above ailment? Yes ☐ No ☐
   (If yes, please state the date and submit copies of all hospital records and discharge summary.)

10. Have you had any of the following tests in the last one year

Test	Yes	No
Chest X-ray	☐	☐
ECG	☐	☐
Stress test (TMT)	☐	☐
Radionuclide test	☐	☐
Coronary Angiography	☐	☐

11. Please provide complete Name and Address of your treating physician & Date of Last Consultation:

12. Please provide any additional information, which you feel, will be helpful in processingyour application.

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: D D M M Y Y Y Y Place: