

## GOITRE QUESTIONNAIRE TEST

[To be filled by the medical examiner]

Application No:

Full Name of life to be assured:

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 tenderness 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 Medical Examiner with Code no.

Date:

Date:

Place:

Place: