

TUBERCULOSIS QUESTIONNAIRE

[To be filled by the medical examiner]

Application No:

Full name of Life to be assured:

1. Date / month and year of diagnosis.

2. Details of treatment taken:

a. Actual diagnosis indicating nature of the old lesion e.g., healed fibrotic, infiltrative, avitory, miliary or pleurisy with / with out effusion.

3. Date or month and year of stopping treatment.

4. Reports of Chest X - Ray, CBC, and ESR. (In serial order and date wise)

5. Weight in Kgs.

a. Prior to treatment: _____ kgs.

b. After complete recovery: _____ kgs.

c. Present weight: _____ kgs.

6. Was this person hospitalized for treatment of the disease or its complications?

Yes No

If yes, attach copy of hospital discharge card

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

Place:

Signature of the Life Assured.

Signature of the Medical Examiner