

OPHTHALMIC QUESTIONNAIRE

[To be filled by the medical examiner]

Application No: _____

Full Name of life to be assured: _____

1) Mention the actual number of glasses (+ve) or (-ve). _____

2) Does he / she has myopia? Yes No

Right

Left

3) If yes, what is the number of the glasses in each eye? _____ / _____

4) Is myopia: Stationary Progressive

5) Is there any evidence of corneal opacity with visual loss? Yes No

6) Are pupils normal in size, shape and reaction to light and accommodation? Yes No

7) In your opinion are there any changes of:

a) Diabetic Retinopathy Yes No

b) Hypertensive Retinopathy Yes No

c) Any other abnormality Yes No

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 to be assured/Proposer