

HEARING QUESTIONNAIRE FORM

_____ DIVISIONAL OFFICE

(Additional information to be obtained from the Medical Examiner in the case of persons where hearing is impaired)

Name of the Agent/ Do _____ Prop. No. _____

Code No. of the Agent / Do _____ Name of life to be assured _____

_____ Introducer's Signature _____

Age _____

TYPE OF VOICE (1)	LEFT EAR		RIGHT EAR	
	Without Hearing Aid (2)	With hearing Aid (3)	Without hearing Aid (4)	With hearing Aid (5)
(1) Whisper: Is the Voice heard? If so, kindly indicate whether it is well or with difficulty.				
(2) Ordinary Conversation: Is the voice heard? If so, kindly indicate whether it is heard well or with difficulty.				
(3) Loud Voice: is the Voice heard? If so, kindly indicate whether it is heard well or with difficulty.				

Note: Answer to all columns should be given in case where hearing aid is being used while in all other cases only answer to columns No. 2 and 4 be given

Dated at _____ on the _____ day of _____ 200

Signature of Life to be assured

Signature of Medical Examiner
Qualification :
Address :