



# Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_ DIVISION

## PERSONAL HISTORY OF GALL - BLADDER DISEASE

(Questions to be answered by the proposer)

Proposal No. \_\_\_\_\_

Agent's code No. \_\_\_\_\_

Full Names of the Life to be Assured \_\_\_\_\_  
(In Block Letter)

<p>1. (a) Have you ever had attacks of pain in the region of the gall bladder? (b) If yes, give (i) The dates and duration of the first attack (ii) The dates and duration of the subsequent attacks (iii) The dates and duration of the last attack</p>	<p>(a) _____ _____ (b) _____ (i) _____ (ii) _____ (iii) _____</p>
<p>2. Was the pain colicky in nature or was it dull and continuous</p>	<p>_____ _____ _____</p>
<p>3. (a) Were any of the attacks accompanied by jaundice? (b) If, yes, give dates and durations</p>	<p>(a) _____ _____ (b) _____</p>
<p>4. Have you had any digestive symptoms accompanied by loss of appetite, belching of gas, pain or distension at the pit of the stomach, nausea, vomiting, constipation etc. before or subsequent to the attacks of gall-bladder trouble ?</p>	<p>_____ _____ _____ _____ _____</p>
<p>5. (a) Were you confined to bed during any of the attacks ? (b) How long did each attacks keep you away from work ?</p>	<p>(a) _____ _____ (b) _____ _____</p>
<p>6. (a) Was an X-ray of gall-bladder taken? (b) If yes, give dates and</p>	<p>_____ _____</p>

findings. Please submit the X-ray plates with the radiologist's report.	
7. (a) Was an operation performed on your gall-bladder ? (b) If yes, state (i) the date of the operation, and (ii) Whether the gall-bladder was drained or removed? (c) Please submit a certificate from the operating surgeon which should give the reasons for the operations, its nature and findings	(a) _____ _____ (b) _____ _____ (c) _____ _____
8. (a) Have you had any digestive disorders since the operation? (b) If yes, give details	(a) _____ _____ (b) _____ _____
9. Give the names and addresses of the doctors who attended you.	_____

I agree that foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on \_\_\_\_\_

Date \_\_\_\_\_  
 Signature of Witness : \_\_\_\_\_  
 Occupation : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Medical Examiner

\_\_\_\_\_  
 Signature of the proposer.

**Questions to be answered by the Medical Examiner**

1. Has the applicant had any pain, discomfort or tenderness in the region of the gall-bladder?	_____ _____
2. Is there any jaundice present ?	_____ _____
3. Did you find or have any suspicion of the applicant suffering from	_____ _____

disturbance of the digestive functions  
or having any digestive symptoms such  
as anorexia flatulence, epigastric pain ,  
tenderness or gaseous distensino,  
nausea, vomiting, constipation etc. ?

---

---

4. Any further remarks you wish to  
offer.

---

---

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Medical Examiner