



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

PERSONAL HISTORY OF INDIGESTION, DYSPEPSIA GASTRIC OR DUODENAL ULCER (NOT OPERATED) ETC.

Proposal No. _____

Agent's code No. _____

Agent's Name _____
(In Block Letters)

Full Name of the Life to be Assured _____
(In Block Letters)

Age _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. (a) When did you first suffer from indigestion or dyspepsia and for what period ? (a) _____

- (b) How many attacks have you had during the last five years? Give their dates and durations. (b) _____

- (c) Give the date and duration of the last attack ? (C) _____

2. (a) When was probably the causes of these attacks of indigestion ? (a) _____

- (b) Were they mild or severe ? (b) _____

- (c) Were they accompanied by acute pain or frequent vomiting? (c) _____

- (d) Was there any hemorrhage of vomiting of Blood at any time ? (d) _____
It yes, state how often, give the dates and state whether hemorrhage was small or profuse in quantity. _____

- (e) Where there any attack of jaundice? If yes, give the dates and duration. (e) _____

3. Have there ever been any signs or suspicion of gastric or duodenal ulcer? -----

4. Has an x-ray examination of the digestive tract after a barium meal made? _____

If yes, state the dates of the examination and their results and submit the X-ray plates with the radiologists report there on. _____

5. (a) How long were you under the treatment of a doctor ? (a) _____

(b) Have you been under treatment in a Hospital or nursing home? If yes, give full particulars. (b) _____

(c) Please send a report of your attending physician giving full details regarding your ailment, investigation made and their results and the nature of treatment given? (c) _____

6. (a) Since when have you been completely cured of your ailment ? (a) _____

(b) Have you been observing any restrictions on diet since recovery? (b) _____

(c) (i) Did you lose weight during your illness and if so, how many pounds did you lose? (c) (i) _____

(ii) Have you by now regained the lost weight? (ii) _____

(iii) Is the weight now stationary? If so, since when? (iii) _____

7, Gives the names and addresses of the doctors who attended you. _____

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

Dated at _____ on the _____ day of _____ 200

Signature of the proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. (a) Is there any tenderness, rigidity or increased resistance over the area of the stomach and duodenum at present? (a) _____

- (b) Is there any tenderness or rigidity over the region of the gall bladder or appendix? (b) _____

2. Do you suspect the presence of gastric or duodenal ulcer ? _____

3. Does the applicable appear anaemic or to have lost weight? _____

4. Any further remarks you wish to offer. _____

Date _____

Signature of the Medical Examiner
Qualifications _____
Code No. _____
Name & Address _____

(In Block Letters) _____
