



## Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_ **Divisional Office**

Proposal No. \_\_\_\_\_  
 Full Name of the Life to be Assured \_\_\_\_\_ Age \_\_\_\_\_  
 (IN BLOCK LETTERS)

### PLEURISY QUESTIONNAIRE

1.	Date of diagnosis	
2.	Date of illness prior to diagnosis of pleurisy, if any	
3.	Date of complete recovery	
4.	Date of joining full time duties	
5.	Whether the Pleurisy was dry, or with effusion or purulent.	
6.	Whether there was any suspicion of tuberculosis lesion in the lungs?	
7.	What was the Nature of treatment? Please give details of treatment (Drugs and Surgical treatment)	
8.	Whether any treatment was continued after recovery and /or Joining duties? If so, give particulars.	
9.	Dates of all X- rays taken. Reports and plates should be enclosed.	
10.	Date of blood, E.S. R and sputum reports done Reports should be enclosed.	
11.	Weight : a) Before illness b) During illness c) After complete recovery	(a) _____ (b) _____ (c) _____
12.	Name and addresses of medical attendants and Sanatorium	
13.	Are you undergoing or have undergone any check ups After complete recovery? if so give details	

It is hereby declared that the particulars given are true and complete and together with life assurance proposal dated \_\_\_\_\_ shall be the basis of contract of Assurance.

Date : \_\_\_\_\_

Witness :

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

\_\_\_\_\_  
Signature of the life to be assured