



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

TUBERCULOSIS QUESTIONNAIRE

Proposal No. _____

Division _____

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

1.	Date of first diagnosis of Tuberculosis	
2.	Date of illness prior to diagnosis of T.B., if any	
3.	Date of complete recovery from Tuberculosis	
4.	Date of joining full time duties	
5.	What was the nature of treatment a) Rest b) Medication? Type and when discontinued c) Pneumothrox or pneumoteritonem? When discontinued ? d) Surgery Type and date, Hospital or Operation Surgeon's certificate should be enclosed	(a) _____ (b) _____ (c) _____ (d) _____
6.	Date of all X-rays taken. Report and plates should Be enclosed	
7.	Date of all blood, E.S.R. and Sputum reports all Report Should be enclosed	
8.	Weight : a) Before illness b) During illness c) After complete recovery	a) _____ b) _____ c) _____
9.	Name and addresses of medical Attendants and sanatorium	
10.	Whether any treatment was continue after recovery and / or joining duties? If so, give particulars.	
11.	Are you undergoing or have you undergone and check ups after completed 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 : _____
