

HERNIA QUESTIONNAIRE
(To be completed by Medical Examiner)

Proposal No. _____

Full Name OF THE LIFE TO BE
ASURED _____

(IN BLOCK LETTER)

1. Whether hernia is inguinal ventral (post operative or Umbilical): 1.
2. Whether it is reducible or irreducible 2.
3. Size of hernia in the scrotum in cms if complete 3.
4. Whether it is on the right side, left side of double: 4.
5. Since when, whether primary or recurrent, whether there were any complications, such as strangulation, obstruction or inflammation; 5.
6. Whether operated, if so, date of operation & result 6.
7. Is a well fitting truss being constantly worn? 7.

Signature of the life to be assured

Signature of Medical Examiner

Date: