

Personal History of Gall Bladder Disease*(Questions to be answered by the Proposer)*

Proposal No. _____ Agent's Code No. _____

Full Name of the Life to be assured _____

1. a) Have you ever had attacks of pain in the region of gall bladder? a) _____
 b) If yes, give b) _____
- i) The date and duration of the first attack I) _____
 ii) The dates and duration of the subsequent Attacks; ii) _____
 iii) The date and duration of the last attack iii) _____
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2. Was the pain colicky in nature or was it dull & continuous: _____

3. a) Were any of the attacks accompanied by jaundice? a) _____
 b) If yes, give dates and durations b) _____
-

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?

5. a) Were you confined to bed during any of the attack ? _____
 b) How long did each attack keep you away from work ? _____
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6. a) Was an X-ray of gall-bladder taken? a) _____
 b) If yes, give dates and findings please submit the x-ray plates with the Radiologist's reports. b) _____
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7. a) Was an operation performed on your gall-bladder? a) _____
 b) If yes, state (i) the date of the operation, and (ii) Whether the gall-bladder was drained or removed?:
 Please submit a certificate from the operating surgeon b) _____

Which should give the reasons for the operation,
Its nature and findings.

8. a) Have you had any digestive disorders since the operation? a) _____
b) If yes, give details b) _____
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9. Give the names and addresses of the doctors who attended you. _____
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I agree that the 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 Medical Examiner.

Signature Proposer.

Questions to be answered by the Medical Examiner.

1. Has the applicant 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.