

Divisional Office :

Branch Office:

PERSONAL HISTORY OF KIDNEY DISEASE, COLIC OR STONE ETC

Proposal No. _____

Agent's Name & Code No. _____

Full Name of the Life to be Assured _____ Age _____

(IN BLOCK LETTERS)

(Questions to be answered by the Proposer)

<p>1. (a) Have you ever had pain in the region of your kidneys? (b) If yes, give :</p> <p>(i) The number of attacks, (ii) The date & duration of the first attack : (iii) The dates & duration of the subsequent attacks. (iv) The date & duration of the last attack</p>	<p>(a) _____ (b) _____ (i) _____ (ii) _____ (iii) _____ (iv) _____</p>
<p>2. (a) Was the pain colicky in nature or was it dull and continuous? (b) Was it accompanied by fever?</p>	<p>(a) _____ (b) _____</p>
<p>3. Were attacks accompanied by retention of or scanty urine, or passage of blood or stone in urine? If yes, give full particulars</p>	
<p>4. (a) Were you confined to bed with any or all of the attacks? (b) How long did such attacks keep you from work?</p>	<p>(a) _____ (b) _____</p>
<p>5. (a) Was an X-ray of your kidneys and urinary tract taken? (b) If yes, state :</p> <p>(i) Whether it was taken with or without an intravenous injection of dye? (ii) The dates, (iii) Findings,</p>	<p>(a) _____ (b) _____ (i) _____ (ii) _____ (iii) _____</p>

Please submit all X-Ray plates with the radiologists' reports thereon.

6. Was an operation performed on your kidneys, ureters or bladder?
If yes, give the dates & state whether a stone alone was removed or whether the kidney was removed with the stone
Please submit the operating surgeon's report which should state the reason the reason for the operation, its nature and findings.

7. Has there been recurrence of pain, colic or discomfort at any time after the operation?
If yes, give full details.

8. (a) Has your urine been examined during or after the attacks of pain?
If yes, give the dates of the examinations.
(b) Was any blood, pus, albumin casts, or oxalates, uric acid or urates found in any such examination?

If yes, give full details.
Please submit reports of the urine examinations.

(a) _____
(b) _____

9. Give the names and addresses of the doctors who attended you.

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 the Proposer