

Divisional Office :

Branch Office:

TUBERCULOSIS QUESTIONNAIRE**Proposal / Policy No.**

N.B :- This form should be accompanied by all X-Ray plates together with all other reports and hospital discharge certificates

Full Name of Life to be Assured _____ Age _____

1. Date of first diagnosis of Tuberculosis	
2. Details 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) Pneumothorax or Pneumoperitoneum? When discontinued (d) Surgery? Types and date. Hospital or operating surgeon's certificate should be enclosed	(a) (b) (c) (d)
6. Date of all X-rays taken. Report and plates should be enclosed.	
7. Dates of all Blood, E.S.R. and Sputum report done. Reports should be enclosed.	
8. Weights : (a) before illness .. (b) during illness .. (c) after complete recovery ..	(a) (b) (c)
9. Names and address of Medical Attendants and Sanatorium.	
10. Whether any treatment was continued after recovery and / or joining duties? If so, give particulars	
11. Are you undergoing or have you undergone any check-ups after complete recovery? If so give details	

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

Dated _____ on the _____ day of _____ 20

Signature of the Medical Examiner

Signature of the Life Assured

Witness Signature, Name & Address