

Life Insurance Corporation of India

REPORT FROM GYNAECOLOGIST/ATTENDING GYNAECOLOGIST

The Gynaecologist completing this form is requested to satisfy himself/herself

- (1) above the identity of the Life to be Assured and
- (2) to obtain signature of the Life to be Assured on this form in him/her presence.

Proposal No.

Agent's Name & Code No.

.....

Full Name of the Examinee

Introduced by His Signature

- | | |
|---|---|
| 1. (a) Whether the Life to be Assured has any past history of abortion and/or miscarriage? | 1. (a) Yes/No
(If Yes, give full details including cause/reasons thereof). |
| (b) Whether the Life to be Assured has previous history of delivery by Caesarean Section | (b) Yes/No
(If Yes, give cause/reasons for such Caesarean Section) |
| 2. Whether there is any previous history of hysterectomy? Was any malignancy detected | 2. If Yes, give full details |
| 3. Whether there is any previous history of any other Impairments generally associated with females? | 3. If yes, give full details. |
| 4. Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract Infection, Cardiac or Pulmonary diseases? | 4. If answer is yes, furnish full details of such diseases. |
| 5. What is the Blood Group – Rh factor ? | |
| 6. (a) Does your examination show that Life to be Assured is pregnant? | |
| (b) Does your examination reveal any symptoms Indicative of any abnormal pregnancy and/ Or expected delivery. If so, give details. | |
| (c) What is your estimate is the approximate | |

Period of pregnancy ? (No. of weeks).

(d) Findings of the current Pathological & Radiological examination (Done already for The check-up)

- i. Blood Group –Rh factor
- ii. Blood Sugar (Post Prandial)
- iii. Haemoglobin
- iv. Urine – Albumin
- v. Any other investigations
- vi. Sonography of the Foetus

7. Does your examination indicate

- (a) any disease of uterus, vagina or ovaries ?
- (b) any weakness, injury or sore resulting from child-bearing or miscarriage?

If so give details.\

Dated at _____ on the _____ day of _____ 20.

Date:

Place:

Signature of the Gynaecologist

Qualification

Name & Address

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Code no. / Regd.no.....

I hereby declare that the statements and answer given above are true and complete and I do hereby agree and declare that these will form part of the proposal dated given by me to LIC of India.

Witness :

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Signature of the Life to be Assured.