

Life Insurance Corporation of India

FORM OR HERNIA QUESTIONNAIRE

1. Name in full (in BLOCK LETTER) :
 2. State the type of hernia – Whether Inuinal, Ventral (Post – operative or umbilicl)? :
 3. It is reducible or irreducible ? :
 4. What is the size of Hernia in the scrotum? (in centimeters, if complete) :
 5. Is it on the right side or left side or double? :
 6. Give the full history of Hernia Since When affected, whether primary of Recurrent? Are there any complication or Inflation, etc? :
 7. If the Hernia has been operated, please give date of operation and the result thereof. :
 8. Is a well-fitting truss being constantly worn? :
 9. What is the nature of occupation? Does it require much moving about Does it require any mannual work ? :
 10. Any other findings or remarks which in the opinion of the Medical Examiner is likely to affect the longevity of the lfiie proposed for assurance :
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Dated at _____ on the _____ day of _____ 200 .

Signature of the Proposer
Life to be Assured

Signature of Medical Examiner

NAME OF THE MEDICAL EXAMINER
ME Code no.
Address: