



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_ **Division**

Proposal No. \_\_\_\_\_  
 Full name of the Proposer \_\_\_\_\_ Age \_\_\_\_\_  
 (In Block Letters)

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**EPILEPSY QUESTIONNAIRE**

1. Give the date of first fit, convulsion or seizure \_\_\_\_\_
2. How frequently did the attacks occur? \_\_\_\_\_
3. Were the attacks increasing in severity \_\_\_\_\_
4. Were the intervals (between two attacks) lengthening \_\_\_\_\_
5. Was there complete unconsciousness during the attacks? \_\_\_\_\_
6. Were the spasms clonic in character? \_\_\_\_\_
7. Did you ever bite your tongue during attacks? \_\_\_\_\_
8. Did you go to sleep after the fits? \_\_\_\_\_
9. Was there any involuntary micturition? \_\_\_\_\_
10. What was the type of treatment given to you ? \_\_\_\_\_
11. Are you taking any drugs now? if not now state  
When they were last taken \_\_\_\_\_
12. Since when are you free from any manifestation of epilepsy?
13. Were any investigation like X – rays, ECG, CSF, blood Examination done?  
If so, give details \_\_\_\_\_

I hereby agree that the foregoing question and answers shall form of proposal for insurance made by me to the Life Insurance Corporation of India on the \_\_\_\_\_ day of \_\_\_\_\_ 200 ; and they shall be to the same effect as if contained in the form of proposal for insurance.

Dated at .....this .....day of .....200

\_\_\_\_\_  
Signature of Medical Attendant

\_\_\_\_\_  
Signature of the Life Proposed

Medical Attendant's Report:

1. Did the attacks resemble the petit Mal variety or the Grand Mal variety? \_\_\_\_\_
2. Are there scars on the tongue or elsewhere which might be due to epileptic seizures?  
\_\_\_\_\_
3. Has there been any mental deterioration? \_\_\_\_\_
4. What are the effects of drugs and fits on his mental conditions?  
\_\_\_\_\_

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Remark

\_\_\_\_\_  
Signature of the Medical Attendant  
 Name \_\_\_\_\_  
 Qualifications \_\_\_\_\_  
 Address \_\_\_\_\_