Form No.3332

Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____DIVISION

FILARIASIS FORM

PROPOSAL NO._____

Additional Queries to be answered by the Medical Examiner in cases where a proposal has a past or present history of Filariasis or Elephantiasis.

Proposal on the life of _____

1.	Has the proproser ever suffered from or is now suffering from attacks of the disease known as filariasis, lymphangitis, Chyluria or Elephantatsis?	
2.	If so, state the variety of the disease (a) Whether it is Filarisis with inflammatory swelling and redness of the skin, fever and pain, with mild or sever constitutional disturbance and whether of one or more limbs of the upper or lower extremeties. (b) Whether it is of the scrotum and / or penis (if a male) or of the external organ of generation (if a female) (c) Whether there has been any ulceration or discharged of foul matter (or lymph) from the ulcerated skin, at any time. (d) Whether there has been any passage of a milky fluid known as Chyle (Chyluria), or a mixture of blood and Chyle (haematochyluira) from urine and if so when, for how long and how often	(a) _____ (b) _____ (c) _____ (d) _____
3.	State the date of first and last attacks, the number and frequency of the recurrent attacks, whether mild or servere and their duration.	
4.	Give the approximate size, whether large and small and the circumferential measurements of the swelling in inches at its thickest and thinest part	

5.	Since how many months or years have the attacks CEASED COMPLETELY and has there been any perceptible increase in size of the swelling during the last two or three years?	
6.	Are the swellings of such size as to interfere materially with the freedom of easy movements, exercise and daily work?	
7.	Can the proposer submit a certificate from his usual medical attendant, testifying to a complete cessation and absence of even a single attack during the last three years or five years?	

Date _____   Signature _____
                                     Code No. _____
                                     Qualification & Appointment _____

                                     Address _____