



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

GOITRE (WITH OPERATION)

Proposal No. _____

Full Name of the Life to be Assured _____ Age _____

Questions to be answered by the Proposer

1. (a) Give full history prior to the operation, including information regarding the approximate date when the swelling was first noticed, symptoms, diagnosis, treatment, Name of the doctor who treated you, etc.
 (b) Why was operation advised ?
 (c) What was the date of operation ?

1. (a) _____

 (b) _____
 (c) _____

N.B.: - Please submit a certificate from the operating surgeon, stating why the operation was performed what was done, what was found and the results.

2. Since the operation,
 (a) Have you noticed your heart beating forcibly
 (i) After moderate exercise
 (ii) After excitement
 (iii) At rest?
 (b) Do you perspire freely?
 (c) Is your appetite good?
 (d) Have you lost or gained any weight If yes, how much?

2.
 (a) _____

 (i) _____
 (ii) _____
 (iii) _____
 (b) _____
 (c) _____
 (d) _____

3. Does your feet or ankles swell?

3. _____

I agree that the foregoing questions and answers shall form part of the proposal for assurance made to the Life Insurance Corporation of India on _____

Dated at _____ on this _____ Day of _____ 200

Signature of the proposer

Questions to be answered by the Medical Examiner

N.B.: -Please complete the special Heart Report also

1. Was the goitre removed on account of toxic symptoms?	_____ _____
2. What type of goitre was found on operation adenomatous or diffuse?	_____ _____
3. Are there any fine tremores of the tongue or out stretched fingers?	_____ _____
4. Are there any signs of hyperthyroidism?	_____ _____
5. Is there any exophthalmos?	_____

Date _____

Signature of the Medical Examiner
Name _____
Qualification _____
Code No. _____
Address _____