



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ Division

HERNIA QUESTIONNAIRE (To be completed by Medical Examiner)

Proposal No. _____

Full Name of the Life to be assured _____

(In Block Letters)

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- | | | |
|-----|---|-----|
| (1) | Whether hernia is inguinal ventral
(post operative or Umbilical) | (1) |
| (2) | Whether it is reducible or irreducible: | (2) |
| (3) | Size of hernia in the scrotum in cms if complete | (3) |
| (4) | Whether it is on the right side, left side.
or double: | (4) |
| (5) | Since when, whether primary or recurrent,
whether there were any complications,
such as strangulation, obstruction or inflammation: | (5) |
| (6) | Whether operated, if so, date of operation and result | (6) |
| (7) | Is a well fitting truss being constantly worn? | (7) |

Signature of the Life to be assured

Signature of Medical Examiner

Date :