



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

_____ DIVISION

PERSONAL HISTORY OF AN OPERATION FOR GASTRIC OR DUEODENAL ULCER

Proposal No. _____ Agent's code No. _____
Agent's Name _____

Full Name of the Life to be Assured _____
Age _____

QUESTIIONS TO BE ANSWERED BY THE PROPOSER

1. a) What was the date and duration of first attack of plain in the upper part of the abdomen ? a) _____
- b) How many attacks have you had since then / give their dates and duration. b) _____
- c) Give the dates and duration of the last attack ? c) _____
2. Was the condition diagnosed as gastric or duodenal Ulcer _____
3. a) What was the date of the operation ? give the name and the address of the operating surgeon. a) _____
_____ -
- b) What is the nature of the operation performed? state whether: b) _____

- i) Gastroenterostomy, i) _____
- ii) Subtotal Gastrectomy, or ii) _____
- iii) Vagotomy iii) _____
- c) Whether there are any signs or suspicion of malignancy present ? c) _____

N.B.: Please submit a certificate from the operating surgeon giving full details of the history of illness the nature of operation performed and the result of the same.

4. a) Since when have you completely recovered after the a) _____

operation ?

- b) Have you been x-rayed since then? If yes, please give the dates of the X-ray Examinations and submit the X-ray plates with Radiologist's reports there on. b) _____

- c) Has there been any recurrence of symptoms such as epigastric discomfort, pain, nausea vomiting, indigestion, gaseous, distension, eructations, etc. since the operation? If yes, give full particulars. c) _____

- d) Have you been observing any restrictions on or modifications on the diet since the operation? d) _____

- e) i) Did you lose weight in your illness? If yes, how many kgs did you lose ? i) _____

- ii) Have you regained the lost weight by now ? ii) _____

- iii) Is the weight now stationary ? If yes, since when ? ii) _____

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

Dated at _____ on the _____ day of _____ 200

Signature of Witness : _____

Occupation : _____

Address _____

Signature of the proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER.

1. Is there any tenders, rigidity or increased resistance over the area of the stomach and a duodenum at present ? _____

2. Is there scar of operation firm and healthy ? _____

3. Is there any bleeding or hernia _____

present at the site of the operation ? _____

4. Does the applicant appear anaemic
or to have lost weight? _____

5. Any further remarks you wish to
offer _____

Date _____

Signature of the Medical Examiner
Qualification _____
Code No. _____

Name & Address _____

(In Block Letters) _____

