

## Thyroid Questionnaire (To be filled by the Applicant)

Name of the Life Insured			
Application Number			
Please answer each question and, wherever appropriate, provide details and attach copies of reports.			
	a. Have you ever suffered or are suffering from thyroid?	Yes	No
	If 'Yes', since when?		
	Type of disorder:		
	Treatment details:		
2.	Have you experienced any weight gain or loss?	Yes	No
	If 'Yes', have you gained weight or lost?		Kg
3.	Have you ever had or have any tumours (growth) or tremors?	Yes	No
	If 'Yes', please mention the date:		
	Type of disorder:		
	Treatment details:		
1	Have you ever undergone any surgery?	Yes	No
4.		163	
	If 'Yes', when?		
	What was the diagnosis?		
	Type of Surgery:		
	When was it performed?		
	Please provide the name and address of the doctor and the hospital along with the reports:		
5.	Have you had regular follow-ups?	Yes	No
	If 'No', please mention since when you stopped the follow-ups?		
	**Please attach copy of the biopsy reports (if any).		
6.	Please provide the name and address of your physician along with the latest follow-up notes and prescriptions:		
	Date of your last consultation:		
7.	Please provide any additional information that would help in processing your application:		
**Please submit any blood tests (including thyroid function tests), x-ray, treatment records or any other tests done in the last one year.			
I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will forma part of the contract of the desired insurance on my life.			
Place:			
Date: Signature of the Life Insured			
**Please tick ✓ wherever applicable.			
Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the			
contents are fully understood by him/her.			
Name of the Declarant:			
Add	Address of the Declarant: Signature of the Declarant		
Place:  Signature of the Life Insured			

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