

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: _____
- Have you experienced any weight gain or loss? ☐ Yes ☐ No

If 'Yes', have you gained weight or lost? _____ Kg
- Have you ever had or have any tumours (growth) or tremors? ☐ Yes ☐ No

If 'Yes', please mention the date: _____

Type of disorder: _____

Treatment details: _____
- Have you ever undergone any surgery? ☐ Yes ☐ No

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:

- 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).**
- Please provide the name and address of your physician along with the latest follow-up notes and prescriptions: _____

Date of your last consultation: _____
- 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 form a 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: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured