

Kidney & Urinary Disorder Questionnaire

(To be filled by the Applicant)

Proposal Number	
Name of the Life Insured	

Please answer each question and provide particulars where required.

- State the precise diagnosis or nature of the condition you are suffering from related to the kidney or urinary system: (E.g., hematuria (blood in the urine), kidney stones, glomerulonephritis, pyelonephritis, urinary incontinence, etc.) _____
- Regarding your symptoms:
 - When was the condition diagnosed or when did the symptoms first occur? _____
 - When was the last occurrence of the symptoms? _____
 - Please comment on the severity of the symptoms: _____
- Regarding your medical care:
 - Have you ever had any investigation for this condition?
(E.g. Blood test, cystoscopy, x-ray, CT, MRI or ultrasound scan) ☐ Yes ☐ No
If 'Yes', provide details including type of investigation, results and dates: _____
 - Have you had a surgery for this condition? ☐ Yes ☐ No
If 'Yes', provide date(s) and complete details: _____
 - Have you taken any medication for kidney or urinary system disorder, including treatment for high blood pressure, within the last 12 months? ☐ Yes ☐ No
If 'Yes', provide details including drug name and frequency: _____
 - Have you ever been on dialysis? ☐ Yes ☐ No
If 'Yes', provide details: _____
Frequency: _____
 - Have you completely recovered from the condition? ☐ Yes ☐ No
If 'No', provide details on the current status and prognosis: _____
 - Provide details regarding the doctors and/or specialists you consult, in relation to this condition: _____
 - Is your condition recurrent in nature? ☐ Yes ☐ No
 - Are you still receiving treatment of any kind or are you regularly being checked by a doctor for your condition? ☐ Yes ☐ No
If 'Yes', please provide details: _____
- Please mention the dates and duration of any time off-work due to the condition: _____
- Please provide any additional information that you feel is important: _____

I hereby declare, that the above answers and statements are true and complete, and agree that this questionnaire, together with the proposal dated _____ shall form a part of the contract between me and the company.

Place: _____ Date: _____

Signature of the Life Insured

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