GENERALI Central
LIFE INSURANCE

Tuberculosis Questionnaire

Name of the Life Assured	
Application Number	

Please answer each question and, where appropriate, please provide details and copies of reports.

1. Are you suffering from tuberculosis? ☐ Yes ☐ No
   If 'Yes', please mention since when:

   a. Treatment details:

   b. Have you lost or gained weight in the last six months? ☐ Yes ☐ No
      If yes, _____ Kg ☐ Gained ☐ Lost
2. Regarding your symptoms:
   a. When did you first have symptoms?

   b. Please describe your symptoms and how they affect you:

   c. Are you aware of any specific factor(s) which trigger your symptoms, such as exercise, stress or allergy? ☐ Yes ☐ No
      If 'Yes', please provide details:

   d. Do your symptoms restrict your activities in any way? ☐ Yes ☐ No
      If 'Yes', please provide details:

3. Regarding your medical care:
   a. Please provide the name and address of your physician along with the latest follow-up notes:

   b. How often do you attend, and when was your last appointment?

   c. Have you had any X-rays, pulmonary function tests or other investigations for this condition? ☐ Yes ☐ No
      If 'Yes', please provide details including dates of investigations and copies of reports:

   d. Please provide details of all medication taken over the last six months including tablets, inhalers or any other form of treatment received.
      Please provide names of medicines, dosage and frequency:

e. Have you ever taken oral steroids, e.g. Prednisolone? ☐ Yes ☐ No

If 'Yes', please provide details including date(s), dosage and duration of treatment:

_____

_____

f. Have you ever been hospitalised for this condition? ☐ Yes ☐ No

If 'Yes', please provide details including date(s), duration of treatment and copies of hospital records (discharge card and investigation reports):

_____

_____

4. Do you use a peak flow meter to record the results? ☐ Yes ☐ No

If 'Yes', please mention the frequency, and your lowest and highest readings in the last three months:

_____

_____

5. Have you smoked cigarettes or taken any other form of tobacco in the last one year? ☐ Yes ☐ No

If 'Yes', please mention the number of cigarettes smoked/quantity of tobacco taken. If you have not smoked/taken tobacco in the last one year, please mention when you stopped:

_____

_____

6. Have you taken more than one week off from work because of this condition in the last six months? ☐ Yes ☐ No

If 'Yes', please provide details including dates and duration of time taken off from work:

_____

_____

7. Are there any aspects of your job which exacerbate, or are made more difficult, by your condition? ☐ Yes ☐ No

If 'Yes', please provide details including which aspects of your job are most problematic:

_____

_____

8. Please provide any additional information that would help in processing your application:

_____

_____

9. Please attach the TB card provided by the Medical Centre:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute a part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____ Date: _____ Signature of the Life Assured: _____

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Assured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the declarant: _____ Signature of the declarant: _____

Address of the declarant: _____

_____

Place: _____ Date: _____ Signature of the Life Assured: _____