

Skin Disorder Questionnaire

(To be filled by Life Insured)

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|--------------------------|--|
| Name of the Life Insured | |
| Application Number | |

Please answer each question and, wherever appropriate, provide details and attach copies of reports.

- Since when have you been facing this skin problem? _____
 - Please state the precise diagnosis. If not known, please mention the provisional diagnosis: _____

 - Please state the nature of the disorder: ☐ Yes ☐ No
If 'Progressive' (increasing in size, colour or thickness), please provide details: _____

 - Are you taking any treatment for the skin problem? ☐ Yes ☐ No
If 'Yes' since when have you been taking treatment? _____
Please provide details of the tablets and medicines taken for the same, along with copies of investigations like blood tests, FNAC (fine needle aspiration cytology), biopsy, etc.:

 - For how long have you been advised to continue with the treatment? _____
 - Have you undergone any surgery for this skin problem? ☐ Yes ☐ No
If 'Yes' please provide date and hospital details: _____

**Please submit copies of all the hospital records including discharge summary.
 - Have you been advised to undergo any surgery for the same? ☐ Yes ☐ No
If 'Yes' please provide the proposed date and hospital details: _____

 - Have you ever been told that this skin problem is secondary to (due to) another disease? ☐ Yes ☐ No
If 'Yes' please provide details of the disease: _____

 - Please provide any additional information that would help in processing your application: _____

- ** Please submit copies of any investigations done in the last one year.
- Is your skin problem seasonal; caused by an allergy or from using cosmetics? ☐ Yes ☐ No

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