

## Tuberculosis Questionnaire - 2.2

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Tuberculosis Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and the Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No. / Proposal No.	
Name of the Life to be Assured	

  

1. Have you ever suffered from tuberculosis/ koch's disease (of chest, spine etc.)?	
<b>Please answer all the following questions, only if the answer to above question is "Yes" If the answer is "No" then please return the form duly signed.</b>	
2. When was this condition first diagnosed?	
3. What is the precise diagnosis?	
4. Please tick type of tuberculosis diagnosed.	<input type="checkbox"/> Pulmonary tuberculosis <input type="checkbox"/> Non pulmonary tuberculosis <input type="checkbox"/> MDR Tuberculosis
6. Have you ever undergone an ECG, X-ray, blood test, skin test, lung function tests or any other investigations? If yes, please provide date(s) of investigations & resultsthereof. (Kindly attach copies of all investigations)	
Please answer the following regarding symptoms.	
a) When was the last occurrence of symptoms?	
b) Has there been recurrence of the symptoms since then? If yes, please mention date(s) and the exact symptoms.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7) Is treatment completed? If yes, pl mention date of completion (Month, Year)	
8) Please answer the following regarding treatment prescribed:	
a) Details of treatment (name, dosage and frequency of medications).	
b) Have you been ever prescribed any immuno-suppressive drugs or steroids for tuberculosis/koch's disease?	Current
If yes, please provide name, dosage and frequency of medication(s).	Past
9) Kindly answer the following regarding monitoring of your condition.	
a) Name, address and contact number of the doctor in charge of your treatment or monitoring.	
b) Are you still under medical supervision? If yes, kindly mention date of last consultation.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c) Do you smoke cigarettes / beedis? If yes, please mention number of units/day.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
10) Have you ever been hospitalized on account of tuberculosis/koch's disease? If yes, kindly enclose discharge card and summary.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
11) Please provide any additional information on your condition, which you feel, will be helpful in processing your application.	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**An incomplete questionnaire will be considered as invalid.**

### Declaration of Life to be Assured

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Date: DD/MM/YYYY

SIGN HERE

Place: \_\_\_\_\_

Signature/thumb impression Life To Be Assured

Date: DD/MM/YYYY

SIGN HERE

Place: \_\_\_\_\_

Signature/thumb impression  
(Proposed Policy Holder if different from Life to be Assured)

### In the case of thumb impression\ signature in vernacular language

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Declarant Name: \_\_\_\_\_

Date: DD/MM/YYYY

Address: \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

Signature of the Declarant