



## ADDITIONAL FORM FOR ASTHMA/BRONCHITIS

Full Name of the life to be assured \_\_\_\_\_ Age \_\_\_\_\_ Years

Occupation and exact nature of duties \_\_\_\_\_

### QUESTIONS TO BE ANSWERED BY THE PROPOSER/LIFE ASSURED.

1. (a) Was your first attack in childhood or in adulthood? Please give exact age at onset	
(b) Have the attacks of childhood asthma disappeared on reaching age 20 years? If not, are they of same frequency and severity as earlier childhood attacks?	
(c) How many attacks on an average do you have in a year and when was the last episode?	
(d) How long do the attacks usually last?	
(e) Does your work environment have high level of pollution?	
(f) How many days (total) you have been away from work due to asthma during last 2 years?	
2. (a) What treatment do you take for asthma usually?	
(b) Are you required to take Cortico Steroids (Medicines like Prednisolone etc) for relief and if so for how many years and what dose?	
(c) Are you still taking such Medicines as Cortico Steroids?	
3. (a) Are you a Smoker or a Non-Smoker?	
(b) If a Smoker, how many cigarettes, bidis etc., do you smoke per day?	
(c) If a smoker, for how many years you have been a smoker?	
(d) Do you have a Smoker's Cough?	
(e) Are you taking treatment for chronic bronchitis? If so, give details.	

(f) Have you given up smoking? If so, total period of abstinence.	
(g) Is there any family history of asthma? If so, mention the number of family members and their relationship.	
(h) Have you ever been hospitalized for treatment of acute asthma? If so, details with particulars.	
(i) Have you ever undergone pulmonary Function Test/s or Chest X-Ray examination/s? If yes, submit copies of the Reports	
4. Do the attacks occur during any particular season of the year?	
5. What is the level of your effort/exercise tolerance? Mention distance you can walk and number of stairs you can climb without causing breathlessness.	
I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the Life Insurance Corporation of India on _____ and they shall be of the same effect as if contained in the original proposal.	
Dated at _____ on the _____ day of _____ 20 _____	
<b>Signature of Introducer:</b>	
Name of Agent/Dev.Officer: _____	_____
Code No: _____	<b>Signature of the Proposer</b>
<b>Questions to be answered by the Family Physician / Personal Medical Attendant or the Medical Examiner</b>	
1. Is this person, in your opinion, a case of acute intermittent asthma? Or Caronic obstructive Pulmonary Disease (COPD) Cor pulmonale	
2. Do you have any reasons to suspect Cardiac Asthma as a cause of breathlessness in this person. If yes, please give your reasons.	
3. Do you find any evidence of congestive cardiac failure clinically, secondary to COPD?	
4. Remarks :	
<b>I Certify that the proposer / Life Assured has put his / her signature alongside in my presence</b>	
<b>Agents Name:</b>	<b>Signature of the Medical Examiner</b>
Code No:	Name:
	Qualifications / Code:
Place: _____	Seal
Date : _____	