



PERSONAL HISTORY OF AN OPERATION FOR GASTRIC OR DUODENAL ULCER

Proposal No. _____

Full Name of Life to be Assured _____ Age _____ Years

Questions to be answered by the Proposer

1. (A) What was the date and duration of the first attack of pain in the upper part of the abdomen?
- (B) How many attacks have you had since then? Give the dates and duration
- (C) Given the dates and duration of the last attack.

2. Was the condition diagnosed as gastric or duodenal ulcer?

3. (A) What was the date of the operation?
Give the name and the address of the operating surgeon.
- (B) What is the nature of the operation performed? State whether
- i) Gastroenterostomy
 - ii) Subtotal gastrectomy, or
 - iii) Vagotomy
- (C) Were there any signs or suspicion of malignancy present?

N.B.: -Please submit a certificate from the operating surgeon giving full details of the history of illness, the nature of operation performed and the result of the same.

4. (A) Since when have you completely recovered after the operation?
- (B) Have you been X-rayed since then?
If yes, please give the dates of the X-ray examinations and submit the X-Ray plates with the Radiologists' reports thereon.
- (C) Has there been any recurrence of symptoms such as epigastric discomfort, pain, nausea, vomiting, indigestion, gaseous distension, eructations, etc., since the operation?
If yes, give full particulars.

<p>(D) Have you been observing any restriction on or modifications in the diet since the operation?</p> <p>(E) (i) Did you lose weight during your illness? If yes, how many Kgs. did you lose?.</p> <p>(ii) Have you regained the lost weight by now?</p> <p>(iii) Is the weight now stationary? If yes, since when?.</p>	
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I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on _____

Dated at _____ on the _____ day of _____ 20 _____

Signature of Witness _____

Occupation _____

Address _____

Signature of Proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. Is there any tenderness, rigidity or increased resistance over the area of the stomach and duodenum at present?	
2. Is the scar of operation firm and healthy?	
3. Is there any bulging or hernia present at the site of the operation?	
4. Does the applicant appear anaemic or to have lost weight?	
5. Any further remarks you wish to offer	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :