



**PERSONAL HISTORY OF KIDNEY DISEASE, COLIC OR STONE ETC.**

(Questions to be answered by the Proposer)

Proposal No. \_\_\_\_\_

Full Name of the Life to be Assured \_\_\_\_\_ Age \_\_\_\_\_

(IN BLOCK LETTERS)

<p>1. (a) Have you ever had pain in the region of your kidneys?</p> <p>(b) If yes, give.</p> <p>(i) The number of attacks:</p> <p>(ii) The date &amp; duration of the first attack:</p> <p>(iii) The dates &amp; duration of the subsequent attacks.</p> <p>(iv) The date &amp; duration of the last attack.</p>	
<p>2. (a) Was the pain colicky in nature or was it dull and continuous?</p> <p>(b) Was it accompanied by fever?</p>	
<p>3. Were attacks accompanied by retention of or scanty urine, or passage of blood or stone in urine? If yes, give full particulars.</p>	
<p>4. (a) Were you confined to bed with any or all of the attacks?</p> <p>(b) How long did such attacks keep you away from work?</p>	
<p>5. (a) Was an X-Ray of your kidneys and urinary tract taken?</p> <p>(b) If yes, state :</p> <p>(i) Whether it was taken with or without an intravenous injection of dye?</p> <p>(ii) The dates</p> <p>(iii) Findings.</p>	

**Please submit all X-Ray plates with the radiologists' reports thereon.**

Contd...2.

<p>6. Was an operation performed on your kidneys, ureters or bladder?</p> <p>If yes, give the dates &amp; state whether a stone alone was removed or whether the kidney was removed with the stone.</p> <p>Please submit the operating surgeon's report which should state the reason for the operation, its nature and findings.</p>	
<p>7. Has there been recurrence of pain, colic or discomfort at any time after the operation? If yes, give full details.</p>	
<p>8. a) Has your urine been examined during or after the attacks of pain?</p> <p>If yes, give the dates of the examinations.</p> <p>b) Was any blood, pus, albumin casts, or oxalates, uric acid or urates found in any such examination?</p> <p>If yes, give full details.</p> <p>Please submit reports of the urine examinations.</p>	
<p>9. Give the names and addresses of the doctors who attended you.</p>	

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\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Proposer*

**Signature of Witness**\_\_\_\_\_

**Name** \_\_\_\_\_

**Occupation**\_\_\_\_\_

**Address**\_\_\_\_\_

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