



## PLEURISY QUESTIONNAIRE

N.B.- This form should be accompanied by all X-Ray plates together with all other reports and hospital discharge certificates.

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

1. Date of diagnosis	
2. Details of illness prior to diagnosis of pleurisy, if any.	
3. Date of complete recovery	
4. Date of joining full time duties.	
5. Whether the pleurisy was dry, or with effusion or purulent	
6. Whether there was any suspicion of tuberculous lesion in the lungs?	
7. What was the nature of treatment? Please give details of treatment (Drugs and Surgical Treatment)	
8. Whether any treatment was continued after recovery and/or joining duties? If so, give particulars.	
9. Dates of all X-Rays taken. Reports and plates should be enclosed.	
10. Dates of Blood, E.S.R. and sputum reports done. Reports should be enclosed.	
11. Weight : a) before illness b) during illness c) after complete recovery	a) b) c)
12. Names & Addresses of Medical Attendants & Sanatorium	
13. Are you undergoing or have you undergone any check-ups after complete recovery. If so, give details	

It is hereby declared that the particulars given above are true and complete and together with the life assurance proposal dated \_\_\_\_\_ shall be the basis of the contract of assurance.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

<p>_____ <b>Signature of the Life to be Assured</b></p> <p>_____ <b>Witness Signature</b></p> <p><b>Name:</b> _____</p> <p><b>Occupation:</b> _____</p> <p><b>Address:</b> _____</p>	<p><b>I Certify that the proposer / LA has put his /her Signature alongside in my presence</b></p> <p>_____ <b>Signature of the Medical Examiner</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Qualification:</b> _____</p> <p><b>Code No:</b> _____</p>
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