



HEARING QUESTIONNAIRE

Should be obtained from ENT Specialist

Additional information to be obtained from the Medical Examiner in the case of persons whose hearing is impaired

Branch Office _____ Proposal No _____
 Name of the Life to be Assured _____ Age _____ Years

Type of Voice	Left Ear		Right Ear	
	Without Hearing Aid	With Hearing Aid	Without Hearing Aid	With Hearing Aid
(1)	(2)	(3)	(4)	(5)
1. Whisper : Is the voice heard? If so, kindly indicate whether It is heard well or with difficulty				
2. Ordinary Conversation: Is the voice heard? If so, kindly indicate Whether it is heard well or with difficulty.				
3. Loud voice : Is the voice heard? If so, kindly indicates whether it is heard well or with difficulty.				
4. Opinion:				

Note: Answers to all columns should be given in case where hearing aid is being used, while in other cases only answers to columns Nos. 2 & 4 to be given.

Signature of life to be assured

Signature of the Medical Examiner
Address _____

Date : _____

Seal _____

Place : _____

Code No. _____