



REPORT FROM GYNAECOLOGIST / ATTENDING PHYSICIAN

The Gynaecologist completing this form is requested to satisfy himself/ herself

- 1) **About the identity of the Life to be Assured and**
- 2) **to obtain signature of the Life to be Assured on this form in his/her presence.**

Proposal No. _____ Name of the Examinee _____

1.	a)	Whether the Life to be Assured has any past history of abortion and /or miscarriage? Yes/No. (If yes, give full details including cause/reasons thereof).	
	b)	Whether the Life to be Assured has previous history of delivery by Caesarean Section? Yes/No (If yes, give cause / reasons for such Caesarean section)	
2.		Whether there is any previous history of hysterectomy? Was any malignancy detected? If yes, give full details	
3.		Whether there is any previous history of any other impairments generally associated with females? If yes, give full details	
4.		Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract infection, cardiac or Pulmonary diseases? If answer is 'Yes' give full details of diseases	
5.		What is the Blood Group –Rh Factor?	
6.	a)	Does your Examination show that Life to be Assured is pregnant?	
	b)	Does your examination reveal any symptoms indicative of any abnormal pregnancy and/or expected delivery. If so, give details	
	c)	What in your estimate is the approximate period of pregnancy? (No. of weeks)	
	d)	Findings of the Current Pathological and Radiological examination (Done already for the check-up) i) Blood Group – Rh Factor: ii) Blood Sugar (Post prandial) iii) Haemoglobin iv) Urine - Albumin v) Any other investigations vi) Sonography of the Foetus	

7.		Does your examination indicate (f) any disease of uterus, vagina or ovaries? (g) Any weakness, injury or sore resulting from child bearing or miscarriage: If so, give details.	
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Dated at _____ on the _____ day of _____ 20 _____

_____ Signature of the Life to be Assured _____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No.	I Certify that the proposer / LA has put his /her Signature alongside in my presence _____ Signature of the Gynaecologist Name: Address: Qualification: Code No:
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I hereby declare that the statements and answers given above are true and complete and I do hereby agree and declare that these will form part of the proposal dated _____ given by me to LIC of India.

Witness:

Signature and Address :

Signature of the Life to be Assured