



ADDITIONAL FORM FOR ASTHMA/BRONCHITIS

Full Name of the life to be assured _____ Age _____ Years

Occupation and exact nature of duties _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER/LIFE ASSURED.

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| 1. (a) Was your first attack in childhood or in adulthood? Please give exact age at onset | |
| (b) Have the attacks of childhood asthma disappeared on reaching age 20 years? If not, are they of same frequency and severity as earlier childhood attacks? | |
| (c) How many attacks on an average do you have in a year and when was the last episode? | |
| (d) How long do the attacks usually last? | |
| (e) Does your work environment have high level of pollution? | |
| (f) How many days (total) you have been away from work due to asthma during last 2 years? | |
| 2. (a) What treatment do you take for asthma usually? | |
| (b) Are you required to take Cortico Steroids (Medicines like Prednisolone etc) for relief and if so for how many years and what dose? | |
| (c) Are you still taking such Medicines as Cortico Steroids? | |
| 3. (a) Are you a Smoker or a Non-Smoker? | |
| (b) If a Smoker, how many cigarettes, bidis etc., do you smoke per day? | |
| (c) If a smoker, for how many years you have been a smoker? | |
| (d) Do you have a Smoker's Cough? | |
| (e) Are you taking treatment for chronic bronchitis? If so, give details. | |

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| (f) Have you given up smoking? If so, total period of abstinence. | |
| (g) Is there any family history of asthma? If so, mention the number of family members and their relationship. | |
| (h) Have you ever been hospitalized for treatment of acute asthma? If so, details with particulars. | |
| (i) Have you ever undergone pulmonary Function Test/s or Chest X-Ray examination/s? If yes, submit copies of the Reports | |
| 4. Do the attacks occur during any particular season of the year? | |
| 5. What is the level of your effort/exercise tolerance? Mention distance you can walk and number of stairs you can climb without causing breathlessness. | |
| I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the Life Insurance Corporation of India on _____ and they shall be of the same effect as if contained in the original proposal. | |
| Dated at _____ on the _____ day of _____ 20 _____ | |
| Signature of Introducer: | |
| Name of Agent/Dev.Officer: _____ | _____ |
| Code No: _____ | Signature of the Proposer |
| Questions to be answered by the Family Physician / Personal Medical Attendant or the Medical Examiner | |
| 1. Is this person, in your opinion, a case of acute intermittent asthma? Or Caronic obstructive Pulmonary Disease (COPD) Cor pulmonale | |
| 2. Do you have any reasons to suspect Cardiac Asthma as a cause of breathlessness in this person. If yes, please give your reasons. | |
| 3. Do you find any evidence of congestive cardiac failure clinically, secondary to COPD? | |
| 4. Remarks : | |
| I Certify that the proposer / Life Assured has put his / her signature alongside in my presence | |
| Agents Name: | Signature of the Medical Examiner |
| Code No: | Name: |
| | Qualifications / Code: |
| Place: _____ | Seal |
| Date : _____ | |