LIFE INSURANCE CORPORATION OF INDIA

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorize Dr._____ to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and Answers to Questions in Part One and Part Two of this report are true and complete and do hereby declare that these will form part of the proposal dated _____ given by me to LIC of India.

_____

Signature of the L.A.

PART-I

1. Full Name of Life to be assured (L.A.) _____
2. Has the L.A. suffered from _____

Heart Disease (Y/N)	Hypertension (Y/N)	Diabetes (Y/N)

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. consume tobacco, snuff, other narcotic substances in any form?

No of Years	Quantity used	Date of cessation, if any

4. Does L.A. consume alcoholic drinks?

No of Years	Quantity used	Date of cessation, if any

Dated: _____

_____

Signature of Physician
Name: _____
Address: _____
Qualification: _____
Reg.No. _____

Note: if Q.2 of Part-I is negative, no need of filling up Part-II

Part II

1. If L.A. ever treated/hospitalized for any heart disease, hypertension, and diabetes Y / N *
(If 'Yes', then details of –

Investigations	Treatment	Hospitalisation	Present Status	Prognosis

2. Blood Pressure Reading:-

Current	At the time of detection of HT	Duration of HT, if taking regular treatment Prognosis

3. Diabetes:

Date of Diagnosis	Type	Duration

4. Are there any symptoms / signs of

(a)	Renal Disease	
(b)	Neurological involvement	
(c)	Eye Involvement	
(d)	Peripheral Vascular Disease	
(e)	Any other infectious disease (esp: TB)	

5. Is L.A. taking regular treatment for above disease / s?

(Enclose all relevant papers with this form)

_____
Signature of the L.A.

Date:_____

_____
Signature of Physician
Name:
Address:
Qualification:
Reg.No.