

**THIRD GENDER QUESTIONNAIRE**  
**( to be filled by the medical examiner)**

**Name of the life to be assured:**

**Age:**

**Address:**

**Educational Qualification:**

**Occupation:**

**Annual Income:**

<b>1</b>	Has the life to be assured actually undergone a Gender Reassignment surgery? If answer to Question is YES please provide the following details:	YES/NO
	a. Date when the surgery was done?	
	b. Was the surgery for male to female or female to male?	
<b>2</b>	Has the life to be assured planned / is planning to undergo a Gender re-assignment surgery in the near future ? If answer to above question is YES then please provide details.	YES/NO
<b>3</b>	Is the life to be assured on oral hormone therapy ? if yes, please provide details	YES/NO
<b>4</b>	Were there any complications of cross sex hormone therapy (eg pulmonary embolism, cardiovascular diseases or cancer). If yes Please provide details	YES/NO
<b>5</b>	Has the life to be assured undergone any surgery on the vocal cords ? If yes Please provide details	YES/NO
<b>6</b>	Has the life to be assured undergone blood tests for HIV, Hepatitis ?	YES/NO
<b>7</b>	Does the life to be assured go for counselling ? if yes , please provide the name of the Doctor / Counsellor	YES/NO
<b>8</b>	Is there any history of drug abuse / psychiatric disease/ attempt to suicide ? If yes Please provide details	YES/NO
<b>9</b>	Current Mental and Physical state of the life to be assured.	

Declaration by Medical Examiner: The above information is to the best of my knowledge and is to be considered as a part of the full medical report.

Name of the medical examiner with signature and seal