

LIFE INSURANCE CORPORATION
INTERNATIONAL B.S.C (C)

HERNIA QUESTIONNAIRE

1. Name in full (in BLOCK LETTERS) :
2. State the type of hernia – Whether Inguinal, Ventral (Post – operative or umbilical)? :
3. It is reducible or irreducible ? :
4. What is the size of Hernia in the scrotum? (in centimeters, if complete) :
5. Is it on the right side or left side or double? :
6. Give the full history of Hernia Since When affected, whether primary of Recurrent? Are there any complication or Inflation, etc? :
7. If the Hernia has been operated, place give date of operation and the result thereof. :
8. Is a well-fitting truss being constantly worn? :
9. What is the nature of occupation? Does it require much moving about? Does it require any manual work? :
10. Any other findings or remarks which in the opinion of the Medical Examiner is likely to affect the longevity of the life proposed for assurance :

Dated at _____ on the _____ day of _____ 200

Signature of the Proposer

Signature of Medical Examiner

Name of the medical examiner

ME Code no.

Address :