



DIVISION

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 _____

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| 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 | |

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| 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. | |
|----|--|--|

Dated at _____ on the _____ day of _____ 20 _____

| | |
|--|---|
| _____ Signature of the Life to be Assured | I Certify that the proposer / LA has put his /her Signature alongside in my presence |
| _____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____ | _____ Signature of the Gynaecologist Name: Address: Qualification: Code No: |

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