

# UNITED INDIA INSURANCE CO. LTD.

Regd & Head Office  
United India House  
24, Whites Road,  
Chennai - 600 014.

**CONFIDENTIAL**

## PERSONAL STATEMENT REGARDING HEALTH

Ref. No .....

- 
1. Name in full (Block Capital Letters) .....
  2. Father's Name in full .....
  3. Date of birth and age ..... Yrs ..... Months
  4. Marital status : (Married / Single) ..... Children ..... Sons ..... Daughters  
(In the case of female, following particulars be furnished)
    - (i) Husband's full Name .....
    - (ii) His occupation .....
  5. Have you lived during the last three years with any person suffering from tuberculosis, leprosy or any other infectious disease? If so, give details.
  6. What has been your usual state of health? Do you suffer from mental disability at any time?
  7. Do you have any bodily defect or deformity? If so, please give details.
  8. Have you consulted a medical practitioner within the last two years?  
If so, give details :
  9. Have you been successfully vaccinated against small-pox? If so, when were you last vaccinated?

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10. Have you ever suffered from any of the following ailments :

Answer 'YES' : If yes, the no. of  
or 'NO' : attacks, dates and  
: duration

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- (a) Giddiness, fits, neurasthenia, neuralgia, paralysis, insanity, nervous breakdown or any other disease of brain or of the nervous system?
- (b) Persistent cough, asthma, pneumonia, pleurisy, spitting of blood, tuberculosis or any other affection of lungs?
- (c) Fainting attacks, chest pain, breathlessness, palpitation or any other disease of the heart?
- (d) Sprue jaundice, anemia, piles, dysentery, cholera, abdominal pain, appendicitis, or any other disease of the stomach, liver, spleen or intestines?
- (e) Any skin eruption?
- (f) Hernia, hydrocele varicocle, fistula or varicose veins
- (g) Any affection of kidney or bladder, dropsy, rheumatism, gout, gonorrhoea, syphilis or any other venereal disease?
- (h) Cancer or leprosy?
- (i) Any disease of the ear, nose or eyes, including defective sight or hearing? In the case of discharge from the ear, state when it was last noticed.
- (j) Malaria, typhoid, influenza, kalaazar, filariasis or any other fever lasting for a week?
- (k) Any other illness within the last five years requiring treatment for more than a week?

- 11. Have you ever passed blood, pus, albumen or sugar in the urine?
- 12. Have you ever had any operation accident or injury? If so, give details.
- 13. Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long.
- 14. [a] Have you ever had any operation, accident or injury?
- [b] Have you ever had an electrocardiogram X-ray screening, blood, urine or stool examination?
- [c] Have you ever been in any hospital, asylum sanatorium for check-up, observation, treatment or any operation?
- 15. State the name and address of your usual medical attendant
- 16. Is any member of your family at present suffering from insanity, tuberculosis, syphilis, cancer, epilepsy diabetes or any mental or nervous diseases? If so, give details:

**17. For female candidates only**

- (a) Have your menstrual periods always been regular and painless and are they so now?
- (b) How many conceptions have taken place?
- (c) Are you pregnant now?
- (d) Have you had any abortions or miscarriages?

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the information given by me in this Statement is true and correct and that if any untrue information is found to be contained therein, I shall be liable for such action as the Company/Corporation may deem necessary

Dated at .....this.....day of .....

Signed in my presence : .....  
(Signature of the Candidate)

.....  
(Signature of the Medical Examiner)