

## DEFORMITY QUESTIONNAIRE

(To be filled by the Orthopedic Surgeon/Panel Medical Examiner)

Full name of life to be assured

Proposal number /Application number

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**1. Has the deformity affected (Please tick what is applicable, limbs include hands and legs both)**

- i) One limb  Yes  No
- ii) Two limb  Yes  No
- iii) More than two  Yes  No
- iv) Vertebral spine  Yes  No

Wherever yes please indicate the extent of deformity:

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**2. In your opinion is the deformity congenital (since birth) or acquired: (Please tick what is applicable)**

- Congenital  Acquired

Give details of what is applicable

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**3. Is the deformity caused by a static, progressive or generalized bone disease? (Please tick what is applicable)**

- Static disease  Progressive disease  Generalized bone disease

**4. Does the client use**

- Crutches  Calipers  Wheel chair  Walking stick  No support

**5. If the deformity is affecting the hand, is the grip satisfactory?**

- Yes  No  Does not apply

**6. Is the gait normal, can the client walk fast and run?**

- Yes  No

**7. Is the life to be assured an amputee?**

- Yes  No

(e.g TAO, Diabetic Gangrene, Accidental injury requiring amputation, etc.)

**8. In case the proposer is having paraplegia (paralysis of both lower limbs), is it subsequent to:**

- Old polio  Post traumatic  Post CNS disease

(Give details for any other condition)

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**9. In your opinion is the proposer well rehabilitated inspite of the handicap:**  Yes  No

- a. Self care activities  Yes  No    b. Ability to travel to work place  Yes  No

c. In case he/she is employed, name and address of the employer and duration of employment

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d. If self employed, please describe his/her day's routine

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**10. In case cause of deformity is none of the above, what is the most likely cause and what minimum investigation would you suggest to arrive at a diagnosis?**

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I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life to be Assured / Proposer

\_\_\_\_\_  
Signature of the Medical Examiner / Code No.