Punjab Life
Insurance Company Limited

PUNJAB LIFE INSURANCE COMPANY LIMITED (PLIC)
MEDICAL QUESTIONNAIRE (MQ)

☐ Male ☐ Female

Full Name			
Proposal / Policy No. (if any)		CNIC	
Date of Birth	____ / ____ / _____	Height (cm)	
Weight (kg)		Blood Pressure (if known)	max ____ / min ____
Occupation (Describe Clearly)			

Sr.	Question	YES	NO
1	Are you currently unable to work?	☐	☐
2	During the 5 past years, have you been unable to work for more than 30 consecutive days?	☐	☐
3	Have you ever been treated for or are you under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumor, cancer or any other serious illness or infirmity?	☐	☐
4	Have you ever been seriously injured?	☐	☐
5	Did you have a surgical operation or have you been advised to have a surgical operation?	☐	☐
6	Did you take or are you taking treatment or medication for any disease or disorder?	☐	☐
7	Do you intend to seek medical advice, treatment or have any medical tests performed?	☐	☐
8	Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? If yes, please provide details.	☐	☐
9	Have you smoked any cigarettes within the past 12 months? If yes, state how many per day?	☐	☐
10	Do you have any defect of the vision or hearing? If yes, state to what extent.	☐	☐
11	Do you drink alcohol? If yes, state type and amount per day.	☐	☐
12	Have any of your parents, brothers or sisters died or suffered from heart or circulatory diseases, cancer, diabetes, kidney diseases or hereditary disorders before age 70? If yes, please also indicate at what age this occurred.	☐	☐
13	Do you intend to engage in hazardous activity (e.g. scuba diving) or fly other than as a passenger on scheduled services?	☐	☐
14	Has any application for insurance on your life (life, accident, health) been declined, postponed or accepted on special terms?	☐	☐

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PLEASE GIVE BELOW FULL DETAILS FOR ANY "YES" ANSWER INCLUDING DATE AND DURATION OF ANY ILLNESS, TYPE OF TREATMENT, DOCTORS CONSULTED, AND TYPE OF SPORT. USE SEPARATE SHEET IF NECESSARY

I HEREBY DECLARE THAT I AM IN GOOD HEALTH EXCEPT IF STATED OTHERWISE IN THE ABOVE STATEMENT.

Important: Before signing this declaration, please check that the answers given in this application are complete and correct. An omission or incorrect answer may invalidate the policy.

Date:	**Signature:**