



HERNIA QUERY FORM

Proposal No. _____

Name of Proposer _____ Age _____ Years _____

1. State the type of Hernia, whether inguinal, or ventral (Post operative) or umbilical.	
2. Whether reducible or irreducible	
3. Size of the Hernia in the scrotum (in cms., if incomplete)	
4. Whether on the right side or left side or double	
5. Give the full History of Hernia (since when affected) whether primary or recurrent, whether there were any complications such as strangulation obstruction or inflammation etc ?	
6. Whether operated, if so, date of operation and results.	
7. Is a well fitting truss being constantly worn?	
8. What is the nature of occupation? Does it require much moving about? Any manual work?	
9. Any other findings or remarks in the opinion of the Medical Examiner is likely to affect the longevity of the life proposed for assurance.	

Date : _____

Place : _____

(Signature of the Proposer Life to be assured)

Name & Address of M.E.

(Signature of the Medical Examiner)

Seal of M.E. _____

With Code No. _____

Limit of Examination. _____