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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

"Your partner for growth and security"

MEDICAL AND LIFESTYLE INFORMATION

✓ **Section A**: Have any of the persons proposed to be insured ever suffered from / are suffering from any of the following: Please tick 'YES" for insured wherever applicable and provide details

	Ye s/ No	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1. Hypertension History:	Y N					
a) Duration						
b) Medications						
c) Dosage						
2. Diabetes Mellitus History:	Y N					
a) Type I or Type 2						
b) Duration						
c) Medications						
d) Dosage						

3. Cardiovascular, Chest Pain, Any Heart, any artery/vein Disease	Y N	1 2 3 4 5
4. Renal Failure, Stone, Dialysis Or Any Other Kidney/Urinary Tract Or Prostate Disease	Y N	1 2 3 4 5
5. Arthritis, Spondylosis, Joint Pain, Joint Replacement Or Any Other Disorder Of The Muscle/ Bone/ Joint	Y N	1 2 3 4 5
6. Tuberculosis, Asthma, Bronchitis, COPD, Or Any Other Lung / Respiratory Disease	Y N	1 2 3 4 5
7. Liver Disease Or Any Other Gastro Intestinal Or Gallbladder Disease	Y N	1 2 3 4 5
8. Tumor-Benign Or Malignant, Any Growth/Cyst, any Cancer	Y N	1 2 3 4 5
9. Stroke, Epilepsy, Paralysis, Or Any Other Brain/ Nervous System Disease	Y N	1 2 3 4 5
10. Fibroid, Cyst/ Fibroadenoma, Bleeding Disorder, Pelvic infection Or Any Other Gynecological / Breast Disorder	Y N	1 2 3 4 5
11. Undergone any hospitalization/illness/surgery/symptoms /habit (please specify in section B)	Y N	1 2 3 4 5

✓ **SECTION B:** Name and details of Illness / Medicine / Test / Surgery / Diopter grade (for questions answered as yes in SECTION A above)

	Date of Last Consultation	Doctor's Name	Hospital Name & Phone No.
Insured 1 :			
Insured 2 :			
Insured 3 :			
Insured 4 :			
Insured 5 :			

*Mandatory medical test at designated diagnostic centers for: All Individual(s) applying for insurance age 46 years & above irrespective of the sum insured

Authorized Signatory

Date: D D M M Y Y