



Protective Islami Life Insurance Limited

Head Office: H.R Complex (5th Floor), 100, Bir Uttam A.K Khandaker Road
Mohakhali C/A, Dhaka-1212

APPLICANT'S DIABETES QUESTIONNAIRE

Additional Declaration

Name of Proposer :

Proposal No.:

Forming part of the application for
Insurance dated:

(Please state full particulars
in reply to each question, using an
Additional sheet, if necessary)

On the life of:

1. (a) Is there any history of diabetes in your parents or brothers or sisters? If so, state the approximate age at onset for each case. (b) If you are able to do so, please indicate age at onset of diabetes of any other blood relative who has or has had diabetes.	1. (a) (b)
2. What was the date of onset of diabetes in your case? An approximate date will suffice.	2.
3. (a) Are you under regular medical supervision? State name and address of doctor or clinic? (b) At what intervals do you visit the doctor or clinic? (c) Please state date of last visit.	3. (a) (b) (c)
4. What treatment do you have? (a) Insulin? (b) Oral or other drugs? If so, state designation of drugs and dosage.	4. (a) (b)
5. (a) Do you regularly test your urine for sugar? If so, at what intervals? (b) State whether sugar is present regularly, often, occasionally, never.	5. (a) (b)
6. (a) Is your diet free or calculated? If calculated, please state particulars. (b) How much physical activity do you have :	6. (a) (b)