

Post- Covid fitness questionnaire (Part-II)

(to be filled by treating/ personal physician)

Sl.No	Questions	Reply
1	Did life assured visit you or any other doctor post covid-19 illness for any health reasons. If so, please provide details including presenting symptoms, investigations done, diagnosis, treatment given etc	
2	Does life assured suffer from chronic illnesses? Have they worsened post covid-19 illness?	
3	Please confirm whether life assured suffers from any illnesses/issues, including but not limited to: <ul style="list-style-type: none">▪ Chronic fatigue▪ Breathlessness at rest/light work/exercise▪ Worsening of chronic illnesses▪ Any psychological disorders including insomnia, anxiety, panic attacks etc▪ Any cognitive impairment▪ Chronic/continuous pain▪ Poor endurance▪ Any myopathy/neuropathy▪ Any pulmonary manifestations of covid-19▪ Any indication/sequelae of hyper-coagulation of blood▪ Impaired renal function▪ Any indication of myocardial injury▪ Any other issue not mentioned above	

Date:

Signature of life to be assured

Signature of Treating/ personal Physician