

**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     | <p>Please confirm whether life assured suffers from any illnesses/issues, including but not limited to:</p> <ul style="list-style-type: none"><li>▪ Chronic fatigue</li><li>▪ Breathlessness at rest/light work/exercise</li><li>▪ Worsening of chronic illnesses</li><li>▪ Any psychological disorders including insomnia, anxiety, panic attacks etc</li><li>▪ Any cognitive impairment</li><li>▪ Chronic/continuous pain</li><li>▪ Poor endurance</li><li>▪ Any myopathy/neuropathy</li><li>▪ Any pulmonary manifestations of covid-19</li><li>▪ Any indication/sequelae of hyper-coagulation of blood</li><li>▪ Impaired renal function</li><li>▪ Any indication of myocardial injury</li><li>▪ Any other issue not mentioned above</li></ul> |       |

Date:

Signature of life to be assured

Signature of Treating/ personal Physician