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: ▪ 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