

# **COVID-19 (Coronavirus) Exposure Questionnaire**

Application/ Policy No.: \_\_\_\_\_

Name (Proposed Holder/ Policy Holder/ Proposed Insured/ Person Insured): \_\_\_\_\_

## **A. Travel Declaration**

1. Have you or your close family members travelled abroad in the past 21 days? Yes  No
2. Do you intend to travel abroad in next 3 months? Yes  No

## **B. COVID-19 Exposure Declaration**

1. Have you or any of your family members currently suffering/ or in the last 21 days suffered from fever, cough, sore throat, flu like symptoms or gastrointestinal symptoms? Yes  No
2. Have you or your family members have been tested positive for novel coronavirus or advised to be tested to rule out the diagnosis of the same? Yes  No
3. Have you or any of your family members have been served a notice of quarantine or come in close contact with anyone who has been quarantined? Yes  No
4. Does your occupation involve any duties where you need to be in close contact with COVID-19 diagnosed or quarantined patients? Yes  No

## **Declaration**

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signature/ Left Thumb Impression  
of the Proposed Holder/ Policyholder

Signature / Left Thumb Impression of the Proposed Insured/  
Person Insured (If different from Proposed Holder/ Policyholder)

Date: \_\_\_\_\_

Place: \_\_\_\_\_