

<p>14. Is the Life Assured's vision / hearing / speech likely to improve with surgery or other therapy?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If "YES", please give details (type of surgery, therapy, date, etc) of completed, current or planned treatment.</p> <p>_____</p> <p>_____</p>
<p>15. Is the loss of vision / hearing / speech considered permanent and irreversible?</p> <p>If "YES", please provide the date when loss of vision / hearing / speech was certified as total, permanent and irreversible:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)</p>
<p>16. What is the prognosis of the Life Assured's loss of vision / hearing / speech?</p>	<p><input type="checkbox"/> Recovered <input type="checkbox"/> Stable and improving <input type="checkbox"/> Progressively worsening <input type="checkbox"/> No change. Loss of vision / hearing / speech likely to be permanent and irreversible.</p>
<p>TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SPECIALIST</p>	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Signature and Official Stamp</p> <p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)</p>	<p>Name : _____</p> <p>Address : _____</p> <p>_____</p> <p>_____</p>