

The strength behind your insurance

RESPIRATORY QUESTIONNAIRE

(To be completed by the applicant)

This questionnaire will form part of the application. If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable. I. With regard to your chest complaint: a. What is the nature of these episodes? Please describe a typical episode. b. At what age did you have the first episode? c. What was the date of the most recent episode? 2. How frequently do these episodes occur? State number per year: 3. Do you receive treatment for these episodes? a) Nature of treatment (bronchodilators, aerosol inhalants, steroid therapy) b) In which category mentioned below does such treatment fall? a) Only occasional treatment during episodes Treatment over a period of months Continuous treatment Short courses of steroids 4. Were you ever hospitalized for asthma? No Yes – please provide details: No Yes – please provide details: 5. Do you know what causes these episodes (allergies, stress, exercise)? No Yes – please provide details: 5. Is your chest congested between episodes? No Yes – please provide details:	Name, First name:
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□ No □ Yes – please provide details:	□ No
). Please state any further relevant particulars including name and address of personal medical attendant or attendants	9. Please state any further relevant particulars including name and address of personal medical attendant or attendants

10. Do you smoke?	
□No	
☐ Yes – how much:	
your asthma, e.g. woodwork, pigeon breeding?	environment or with asbestos or do you have any hobbies which may affect
□ No	
☐ Yes – please provide details:	
information that may influence the assessmen	the best of my knowledge, true and I have not withheld any material at of acceptance of this proposal. I agree that this form will constitute that failure to disclose any material fact known to me may invalidate the
information that may influence the assessmen part of my proposal for health insurance and the	nt of acceptance of this proposal. I agree that this form will constitute