

Name of Proposed Insured:	Policy No:
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1. Do you suffer, or have you ever suffered from Bronchitis or Asthma? Yes No
If "Yes", please explain _____

2. When did you first have an attack? _____

3. (a) How many attacks have occurred in the past 12 months? _____

- (b) How many attacks occurred 1-2 years ago? _____

4. What was the date of the last attack? _____

5. Are the attacks: Mild? Moderate? Severe?

- (a) Are you productive of Sputum?..... Yes No
- (b) Have you lost time from work?..... Yes No
- (c) Have you ever coughed up blood? Yes No

- If "Yes", when _____

6. Have you ever been Hospitalised? Yes No
If "Yes", when, where and length of time?

7. (a) Are you under treatment or taking medication? Yes No
If so, include names of medication, dosage and how often taken. Include details of tablets, injections & inhalers.

- (b) Have you ever used steroids? Yes No
If "Yes", give type and daily dosage _____

- (c) Have you ever taken steroids by mouth?..... Yes No
If "Yes", when did you last take pills? _____



8. (a) Please give names and addresses of all doctors consulted and dates for any of the above:

Name(s)	Address(es)	Dates

(b) Please give date and results of any Chest X-Rays or Pulmonary Function tests done: _____

(c) Do you use a Peak Expiratory Flow Rate Meter? Yes No

If so, please state results of last test: _____

9. Are you short of breath or do you wheeze on exertion? Yes No

If "Yes", explain _____

10. Do you smoke? Yes No

If, "Yes", state daily consumption _____

I hereby agree that this supplement shall form a part of the application and of the policy issued thereunder, if any, and that it shall be binding on any person or persons who shall have or claim any interest under such policy. I have carefully read the above questions, statements, and answers and all such statements and answers are correctly recorded and are true as written above.

Dated this _____ day of _____, 20_____

Advisor/Witness

Signature of Proposed Insured

Applicant (if other than Proposed Insured)