

ASTHMA AND BRONCHITIS QUESTIONNAIRE

Name of Proposed Insured:

Application Number:

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. How often do attacks occur?

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

5. Are the attacks Mild ? Moderate ? Severe ?

Are they productive of Sputum? Yes ? No ?

Have you lost time from work? Yes ? No ?

Have you ever coughed up blood? Yes ? No ?

If yes, when:

6. Have you ever been hospitalised? Yes ? No ?
If yes, when and where:



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7. Are you under treatment or taking medication? Yes ? No ?

If yes, type and quantity:

7a Have you ever used steroids? Yes ? No ?

If yes, give type, daily dosage, for how long and date of last dosage:

8. a) Please give names and addresses of all doctors consulted and dates:

| | | |
|----------|--------------|----------|
| Name (s) | Address (es) | Date (s) |
|----------|--------------|----------|

b) Also dates and results of any Chest x-rays done:

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, indicate how many per day:

I hereby declare that the above information is true and complete and shall form part on my application to SAGICOR LIFE INC.

Date

.....
Signature of Proposed Insured

.....
Witness



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