

MEDICAL QUESTIONNAIRE

CONFIDENTIAL

Name:.....

Date of Birth:

Name and address of GP (contact not normally necessary and prior consent required):

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Height:

Weight:

Do you smoke? Please provide details:.....

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Have you ever smoked? Please provide details:.....

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.....

Do you consume alcoholic drinks and if so what quantity?:.....

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Were you born in the UK:.....

MEDICAL QUESTIONNAIRE *continued*

CONFIDENTIAL

Have you worked or been resident overseas for any substantial period of time:

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What is your present or previous occupation:

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Have you ever been declined life assurance or accepted life assurance on increased premium terms:.....

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Please supply a brief medical history including details of any treatments received or prescribed drugs taken on a regular basis:.....

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Please supply details of any significant medical problems suffered by immediate family and parents:

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.....

.....

Sign

Date