

Forming a part of An application for assurance or A request for change or Reinstatement of Policy(ies)
 No.(s)

On the life of	Date of birth	Occupation and/or rank
1. Do you or have you ever suffered from asthma ?	1. _____	
2. Have you ever had a persistent cough of 4 weeks duration or longer ?	2. _____	
3. How old were you at the time of the first attack?	3. _____	
4. Give date of last attack	4. _____	
5. How often do the attacks occur?	5. _____	
6. How long do the attacks usually last?	6. _____	
7. Are they becoming (a) more frequent? (b) less frequent?	7. (a) _____ (b) _____	
8. Are they becoming (a) more severe? (b) less severe?	8. (a) _____ (b) _____	
9. How many attacks have you had in the last two years?	9. _____	
10. Do the attacks occur at any particular season of the year? Indicate season(s)	10. _____	
11. Do you know of anything that will bring on an attack? Provide details	11. _____	
12. Are the attacks productive of sputum? If "Yes", state if it is clear, yellowish, mixed with blood, etc.?	12. _____	
13. Have you ever coughed up blood? If "Yes", when?	13. _____	
14. Are you short of breath or do you wheeze on exertion? Provide details	14. _____	
15. Are you completely free from respiratory trouble between attacks? If "No", provide details	15. _____	
16. Do you take any medication to relieve the attacks? If "Yes", what is it?	16. _____	
17. Have you ever been hospitalized for this condition? If "Yes", when, where and for how long?	17. _____	
18. Have any x-rays been taken? If "yes", provide details.	18. _____	
(a) When?	(a) _____	
(b) Where?	(b) _____	
(c) What were the results?	(c) _____	
19. How much time have you lost from work in the past two years because of this condition?	19. _____	
20. Do you smoke? If "Yes", how many cigarettes, etc. per day?	20. _____	

Provide names and addresses of doctors consulted. Include dates of attendance

Nom	Date	Name	Date
Address		Address	
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Signed at:	Date:
Witness:	Signature