

---

## ASTHMA/RESPIRATORY QUESTIONNAIRE (to be completed by proposed insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. Do you, or have you ever suffered from:  bronchitis  asthma  emphysema  chronic cough  pneumonia  
 other (please explain): \_\_\_\_\_
2. Date of first attack of each? \_\_\_\_\_
3. How often do attacks occur and last? \_\_\_\_\_
4. Date of last attack? \_\_\_\_\_
5. Are the attacks:  mild  moderate  severe  productive of sputum  blood
6. Have you lost time from work?  Yes  No If yes, when, for how long and why?  
\_\_\_\_\_
7. Have you ever been hospitalized?  Yes  No If yes, when, where, diagnosis and for how long?  
\_\_\_\_\_
8. Are you now under treatment or taking medication or been advised to be?  Yes  No  
If yes, type and quantity: \_\_\_\_\_
9. Names and addresses of all doctors consulted. Please give dates, symptoms, diagnoses and treatments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you experience:  shortness of breath  wheezing  other (please explain):  
\_\_\_\_\_
11. If yes, how often and what precipitates the attack?  
\_\_\_\_\_
12. Do you use tobacco in any form?  Yes  No If yes, quantity per day: \_\_\_\_\_  
If no but used in the past, for how many years, quantity and date of last usage:  
\_\_\_\_\_

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Proposed Insured