

Respiratory (Asthma) Questionnaire

500-5000 Yonge Street Toronto, ON M2N 7J8 Fax: 1-877-767-0477

(to be completed by Proposed Insured)

Name of Proposed Insured:		licy Number:	P		E PRINT	PLEASE
Date of first attack: DD/MM/YYYY Frequency of attacks: Average duration: 2 Are the attacks: Solvere? Have you ever coughed up blood? Are you short of breath? Do you wheeze on exertion? 3 What medication or treatment have you required (Inhalers , Cortisone, Prednisone or other steroids)? 4 Have you had lung or pulmonary function tests? If results are known are they Normal or Abnormal? Have you had chest x-rays? If results are known are they Normal or Abnormal? 5 a) Have you lost time from work? Date ceased work: DD/MM/YYYY Date resumed work: DD/MM/YYYY b) Were you hospitalized? From to Name of hospital: 6 Please give names and addresses of all your attending doctors, with dates in each instance: 1 a) Do you smoke? Yes No If "Yes" explain and state daily quantity: b) Have you ever smoked? Yes No If "Yes" explain and state daily quantity: b) Have you ever smoked? Yes No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you ever smoked? O Yes O No If "Yes" explain and state daily quantity: b) Have you date that I have read all the questions and answers in this questionnaire does not not year. It understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above not true, complete and correctly recorded, any policy issued as a result of this questionnaire does not not year. It understand that I have read all the questions and answers in this questionnaire and the statements and answers given true, complete an	D/MM/YYYY	Date of Birth: DD/				
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Dated at day of	ation for Insurance) given above are	eing part of the Applicatio atements and answers giv	alt of this questionnaire	, any policy issued as a result misrepresentation or fraud. uestions and answers in this o	e, complete and correctly recorded, any e rendered void on the grounds of misre y declare that I have read all the question complete and correctly recorded to the be	not true may be I hereby true, co
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