



ASTHMA QUESTIONNAIRE

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|--------------------------|---------------|--------|
| NAME OF PROPOSED INSURED | DATE OF BIRTH | BRANCH |
|--------------------------|---------------|--------|

1 When did the asthma first start? _____

2 How often do you have an episode of asthma? _____

3 When was the last attack? _____

4 Are the episodes seasonal? Yes No

5 How severe are they? _____

6 How long does an attack last? _____

7 What hospital treatment has been necessary? _____

8 How much time do you lose from work because of asthma? _____

9 Do you have wheezing or shortness of breath between attacks? Yes No

10 Have you changed your occupation or residence because of asthma? Yes No

11 Is the asthma becoming more or less severe? More Less

12 What causes the asthma? _____

13 What treatment is taken

a. for the acute attacks? _____

b. in between attacks? _____

c. desensitization? _____

14 What is the name and address of the attending doctor? _____

15 Any complications of asthma - i.e. recurrent pneumonia, emphysema, cough, sputum, sinusitis

16 Any other allergies? _____

I represent, to the best of my knowledge and belief, that all the above statements and answers are complete and true. I agree that they will form part of my application to the United Coconut Planters Life Assurance Corporation and become a part of any contract of insurance issued as a result of that application.

Signed at _____ on this _____ day of _____ 20 _____.

WITNESS

SIGNATURE OF PROPOSED INSURED

If completed by a Medical Examiner, please provide:

Name: _____

Complete Address: _____