



ASTHMA QUESTIONNAIRE

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: _____