

ULCER QUESTIONNAIRE

[To be filled by the medical examiner]

Application No:

Full name of Life to be assured: F I R S T L A S T

1. When did you first experience Symptoms Of Ulcer/ Reflux

2. When was your most recent episode of Uleer/ reflux

3. Please describe your Symptoms

4. How frequently do you experience the symptoms? (E.G. Daily, Monthly)

5. Has there been any bleeding from Mouth or Bowel Yes No

6. Has any test or investigations been performed (If Yes Please advise details including dates) Yes No

7. Have you lost time from work due to this disorder
a. In the last 12 months Yes No
If Yes From to

b. Prior to last 12 months Yes No
If Yes From to

8. What treatment have you been given for Ulcer/ Reflux

Treatment Type	Dosage
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9. Are you still under treatment Yes No
If No when did the treatment ceased

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Signature of the life to be assured/Proposer

Signature of Medical Examiner with Code No

Date:

Place: