RESOLUTION life

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032

Telephone: 0861 543 326
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EPILEPSY QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. When did you first have an epileptic fit? _____
2. How many such seizures do you have in a year? _____
3. When do you normally get these attacks – at night, during the day, after excitement, or after an alcoholic drink?

   State details:

   _____

   _____
4. How long do the attacks last? _____
5. When did you last have an attack? _____
6. During these attacks, how long does unconsciousness generally last? _____
7. Have you ever injured yourself as a result of an attack, such as biting of tongue, falling etc? ☐ YES ☐ NO

   If "YES", state details

   _____

   _____
8. Have you ever experienced incontinence during a seizure? ☐ YES ☐ NO
9. During these fits, do you lose consciousness, or is it only a passing vertigo with a slight fainting. Please describe

   _____

   _____
10. Please state names of doctors consulted for epilepsy and approximate dates

    _____

    _____
11. State type of epilepsy and/or origin of disorder, if known

    _____

    _____
12. What treatment are you currently on, or have you had? State names of medication and dosages

    _____

    _____

    _____

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the policy.

Signature _____ Date D D M M Y Y Y Y