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

P O Box 1555, Fontainebleau, 2032

Telephone: 0861 543 326
Facsimile: 086 559 9451

GOUT QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. When did you have your first attack of gout? _____

2. What was the nature of the symptoms? Which joints are affected?

_____

_____

3. How many attacks have you had _____

4. What was the date of your last attack? _____

5. What is the duration of each attack? _____

6. Have any of the attacks caused you to restrict your occupational activities or to be absent from work? ☐ YES ☐ NO

If "YES", state details

_____

_____

7. Please describe any treatment you have been or are receiving

_____

_____

8. Date and result of last serum uric acid level _____

9. Please give the name and address of the last doctor consulted for gout

_____

_____

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