RESOLUTION life

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

PORPHYRIA QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. Do you know what porphyria is? _____

2. Which of your blood relatives (more particularly father, mother, brothers, sisters, cousins, uncles, aunts) are known to have (or have had) porphyria?

_____

_____

3. Have you been warned that you may have porphyria?

   If **"YES"**, state name of doctor and date of warning

_____

_____

4. Does your skin, especially at the back of your hands or the front of your legs, blister easily? ☐ **YES** ☐ **NO**

   If **"YES"**, state details

_____

_____

5. a) Have you been warned to avoid certain drugs, such as barbiturates and sulphonamides? ☐ **YES** ☐ **NO**

   If **"YES"**, state details

_____

_____

   b) Are you aware of the risks involved if such drugs are taken? ☐ **YES** ☐ **NO**

   c) Do you wear a Medic-alert (medical disc) ☐ **YES** ☐ **NO**

6. Please state any further relevant particulars including name and address of personal medical attendant or attendants

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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