

6. How has the condition been treated? Mark more than one if applicable:

Manipulation

Traction

Physiotherapy

Bed rest

State applicable dates or periods for above

Surgery

Date(s)

State details (e.g. fusion/ laminectomy)

Medication

State type

Dosage

7. Are you completely symptom free

YES

NO

If "YES", since

If "NO", details

8. Have there been any episodes of associated anxiety or depression?

YES

NO

If "YES", state details

9. Is any future surgery or other treatment planned?

YES

NO

10. Are you limited in any way in the practicing of your occupation or carrying out of any activities?

YES

NO

If "YES", state details

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

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