

DIABETES QUESTIONNAIRE

To be completed by the Life to be Insured

Name of the Life to be Insured

Policy No.

1. When was diabetes first diagnosed? _____

2. Name and address of the doctor who made the diagnosis

3. Are you receiving treatment or are you under medical supervision for diabetes? YES NO

If "YES", state name and address of attending doctor

4. a) Is your urine at present free of sugar? YES NO

b) Date of last test _____

5. Have any blood sugar estimates been carried out? YES NO

If "YES", a) when last? _____ b) what was the fasting estimate? _____

6. Is your diet free or calculated? _____

If calculated, state particulars _____

7. What is the number of units of insulin taken daily? _____

8. Have you ever suffered from any of the following conditions? In the case of an affirmative answer, state date and other relevant particulars in the table below:

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| a) | infections, such as boils, abscessed teeth, tonsillitis, etc. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) | eye trouble | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) | heart trouble | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d) | high blood pressure | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e) | any prolonged or recurring illness | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| f) | diabetic coma | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| g) | insulin coma | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| h) | albumin in the urine | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Quest. No.	Details	Date

9. Has your chest ever been X-rayed? YES NO
 If "YES", state date and result _____

10. Has an electrocardiographic examination been carried out? YES NO
 If "YES", state date and result _____

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
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