

PORPHYRIA QUESTIONNAIRE

Name of the Life to be Insured

Policy 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

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