

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

D	D	M	M	Y	Y	Y	Y
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