

BACKACHE QUESTIONNAIRE

(To be completed by the Proposer)

Name of Proposer : _____

I.C. No. : _____ **Proposal No.** : _____

1 When did you first have backache?	
2 How many attacks have you had for the past 3 years?	
3 When was the last attack?	
4 Did you consult any doctor concerning it? If so, please state the name and address of the doctor, and the last consultation date.	
5 Were any investigations done e.g. X-ray etc? If so, please give full details e.g. nature of test done, results and date.	
6 What was the cause of the backache?	
7 How has the backache been treated?	
8 Have you been advised to undergo any surgery or has any surgery been done? If so, please give details.	
9 Have you ever taken time off work in the last 3 years due to the backache? If so, please state when and duration.	

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for medical and health insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Proposer

Date