

Policy Owner's full name _____ Date of birth ____ / ____ / ____

Address _____

FIRST child's full name _____ Date of birth ____ / ____ / ____

MEDICAL HISTORY - Please answer all of the questions - please tick Yes or No as appropriate...

1. Does the child have any physical or mental defect or infirmity? Yes No
2. Has the child ever had high blood pressure, heart trouble, chest pain, asthma, cancer, diabetes, mental or nervous disorder, epilepsy, kidney disease, liver, stomach or bowel disorder? Yes No
3. Is the child currently receiving or has he/she received any medical advice or treatment? Yes No
4. Is there any history of inherited disease, heart disease, stroke, blood pressure, diabetes, kidney disease or cancer before age 65 in the child's family?
 - a) Has any family member suffered from diabetes, epilepsy, Huntington's chorea, insanity or committed suicide? Yes No
 - b) Died before the age of 60? Yes No

If you have answered 'Yes' to any of the above questions, please give complete details, the name and full address of doctors consulted and dates of treatment. (If more space is needed please attach a separate sheet and sign it).

5. Is the child now in good health? Yes No
6. Child's height _____ cm Weight _____ kgs
7. Name of child's doctor _____
Doctor's address _____

For an **additional child**, please complete the child's details overleaf. If there are more than two children, please use an additional form.

In all cases, please ensure the Declaration overleaf is completed.

