

Identification

Policy/Application No.:

Name of person to be insured:

First Name of person to be insured:

Date of birth: / /
year / month / day

Section Gastrointestinal disorder

1. Do you have, or have you ever suffered from:

- Gastric ulcer Duodenal ulcer Ulcerative colitis Crohn's disease Irritable bowel Syndrome Lactose intolerance
- Gluten intolerance Other, specify: _____

2. Date of onset: / / Date of last episode: / /
year / month / day year / month / day

Frequency of symptoms: _____

3. Do you have or have you ever had the following symptoms:

- Vomiting Intestinal Bleeding or Hemorrhage Passing of black or bloody stools
- Other Symptoms, please specify: _____

4. Within the last 2 years, have you lost weight? Yes No

If yes, how much? _____

5. Time absent from work: _____

6. Treatment: _____ Drugs (medication), specify: _____

Hospitalisation, dates: _____

Surgery, date and type: _____



Gastrointestinal disorder (...continued)

7. Have any tests or investigations been completed? Yes No

X-Ray-type: Dates and results: _____

Gastroscopy: Dates and results: _____

Colonoscopy: Dates and results: _____

Other, specify: _____

8. Are you currently taking medication? Yes No

If so, details: _____

9. Have you been advised to undergo surgery? Yes No

If so, details: _____

10. Are you free of all symptoms? Yes No

If yes, since when? _____

11. Name and address of attending physician: _____

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____ Date:

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Signature of witness: _____

Signature of person to be insured: _____