Application # ______

Agent # ______

RESPIRATORY DISORDER QUESTIONNAIRE (To be answered by the Proposed Life Insured)

Proposed Life Insured (Last name, First name, Middle name) ______

Date of Birth (mm/dd/yy) ______

Name/s and address/es of Doctor/s currently Treating you ______

Frequency of Consultation ______ Date of First Consultation ______ Date of Last Consultation ______

Name and Address of other Doctors Consulted in the past (3) years ______

Type of Illness	YES	NO	Details to "YES" Answer
1. Do you suffer or have you ever suffered from asthma, bronchitis, emphysema, PTB and other pulmonary diseases?			
2. When did you have an attack?			
3. How often do attack occurs?			
4. What was the date of last attack?			
5. Are the attacks			
☐ Minimal ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown			
6. Are they productive of Sputum			
7. Have you ever coughed up blood?			
8. Have you ever lost time from work? When and how long?			
9. Have yo ever been hospitalized? When and how long?			
10. Are you under treatment or taking medication? For how long and indicate medications prescribed.			
11. Are you short of breath or do you wheeze on exertion?			
12. Do you smoke? If yes, how may cigarettes per day ______			

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree they shall form a part of my application and become part of any contract of insurance issued in consequence of such application.

Dated at __________________________ this _____ day of ____________________, 20 ______.

Signature over Printed Name of **WITNESS**

Signature over Printed Name of **PROPOSED LIFE INSURED**

NB-RDQPLI-0602