1e. Name & address of any other doctor consulted while on the panel of present doctor in the last five years.

1f. Date and reason for answer(1e.)

Height ____ ____ ft/ins Weight ____ ____ kg/lbs

BLOOD PRESSURE READING

Systolic ____ ____ Diastolic ____ ____

If the answer to any question is "**Yes**", Identify the question number and include diagnoses, dates, duration, degree of recovery of results and name and addresses of all doctors or hospitals consulted.

	Yes	No
2a. Are you under medical care?		
b. Are you now receiving, taking tablets, medicine, injections or on a diet prescribed by a doctor?		
c. Have you any physical defect or health impairment?		
3a. Do you drink beer, wine or spirit? (Give quantity)		
b. Do you smoke?(Give quantity)		
c. Have quantities of any of the above, ever exceeded current consumption?		
4. Have you ever:		
a. Been medically examined for Life Assurance? If so give company name and date		
b. Been requested or received a pension, benefits or payment because of injury, sickness or disability? **NB. Include payments from GLICO**		
c. Suffered any serious personal accident involving unconsciousness, fractured skull, spine or ribs.		
d. Had any cysts, tumors, cancer or other growth?		
e. Taken tablets over a period of more than two(2) weeks?		
f. Been hospitalised?		
g. Had mass x-rays which were abnormal or had to be repeated or followed up due to abnormal or doubtful findings?		
h. Had x-rays other than mass x-rays or been treated by deep x-ray therapy?		
i. Had blood tests, ECG or other special investigations?		
j. Been rejected or discharged from military service on health grounds?		