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SUPPLEMENTARY HEALTH QUESTIONNAIRE

HEALTH INSURANCE (Please complete ONE questionnaire for each medical condition declared.)

Particulars of Life to be Assured

Name of Life to be Assured (as shown in NRIC)	Proposal/Policy No.	NRIC/Passport No.
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Questions

1. Description

a) What condition are you suffering from?

Diagnosis/Description ¹	
Date of Diagnosis/Onset	
Underlying Cause	

¹ Please describe clearly as to whether left or right or both sides affected and on which part(s) of body

b) Experienced any symptoms?

Yes (Please give details below) No

Description of Symptoms			
Date of first occurrence	Date of last occurrence		
No. of recurrences in the past 2 years			

c) Any investigation (e.g. lab test, blood test, x-ray, ECG, mammogram, ultrasound pelvis, etc.)/general health screening performed?

Yes (Please give details below) No

Please enclose a copy of the medical/investigation/screening reports. Enclosed Not available

Type	Date Performed	Result

Please submit a latest copy or done within the last 6 months of the following investigation report(s) if this questionnaire is for the following condition:

1. Breasts condition(s) - Mammogram and Ultrasound Breasts Reports
2. Hepatitis B - Liver Function Test with HBe Antigen and Ultrasound Liver Reports
3. Thyroid condition(s) -Thyroid Function Test Report
4. Female reproductive organs condition(s) such as fibroids, cysts, endometriosis - Ultrasound Pelvis Report

d) What is the nature of the condition (tick one only)

Acute i.e. one-off Recurrent. Indicate frequency: (tick one only)

At least 4 times a year At least 2 times a year Once a year
 Chronic i.e. persisting over a long period of time Less often than once a year Others _____

e) Is the condition a benign (non-cancerous) or malignant (cancerous) one?

Benign (i.e. non-cancerous) Malignant (i.e. cancerous) Not applicable

f) Do you smoke cigarettes? If yes, how many per day?

Yes. Number of cigarettes per day _____ No

g) Do you drink alcohol?

Yes No

If yes, how much per week?

Beer cans (330ml) Wine glasses (100ml) Spirits tots (30ml)

2. Treatment

a) Have you seen a doctor?

Yes (Please give details below) No

Name and Address of Doctor	Date of first consultation	Date of last consultation	Result of last consultation

GH/G6113/SHQ/09/2009

b) Admitted to hospital before?

Yes (Please give details below)

No

Please enclose a copy of inpatient discharge/clinical summary(ies).

Enclosed

Not available

Date/Period of Hospitalisation	Name of Hospital	Result/Outcome

c) Any Surgery performed?

Yes (Please give details below)

No

Please enclose a copy of the reports/ histology reports.¹

Enclosed

Not available

Type of surgery ²	Date	Outcome

¹ Reports/ histology reports are required ² Please state: left or right or both; which part(s) of body

d) Any Medications, Therapy or Other treatment prescribed by your doctor?

Yes (Please give details below)

No

Name/Description	Dosage	Date/Period

3. Current Status

Tick the ones that are applicable and give the required details.

Have Fully Recovered on _____ (dd/mm/yyyy)

i.e. NO recurrence, NO symptom, NO resulting disability or restriction in activities, and fully discharged from medical follow-up.

Still on Regular Medical Follow-up with the doctor

Frequency	
Date of last consultation	
Name and Address of Doctor	

Waiting for further Investigation or waiting for Treatment/Surgery

Planned Date	
Description	
Name and Address of Doctor	

Others

Give details

Declaration

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 my proposal.

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

I confirm that there has been no change in my/Life to be Assured's health status since the completion of the application forms including all questionnaires/additional declarations made in connection with the application.

Signed in Singapore on the _____ day of _____ 20____

Signature of Life to be Assured

Signature of Proposer (if different from Life to be Assured)