

EPILEPSY QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Have you ever had, or been told you had: a fainting spell aura seizure convulsion

If yes, describe symptoms:

2. When was the first episode and type: _____ last episode and type: _____

3. How often do they occur? _____

4. Is consciousness lost completely? Yes No If yes, for how long? _____

5. Do you have any aura or warning of an attack? Yes No If yes, explain:

6. Give names and addresses of doctors consulted for any of above, with dates:

7. What medication or treatment was prescribed?

8. If currently taking medication or treatment, specify type, quantity and frequency:

9. Have you had: Skull X-Rays EEG's CAT SCAN Other special tests (please specify): _____

Please specify when, where and results:

10. What is your understanding of the diagnosis, and the cause of your illness?

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X