

ASTHMA/RESPIRATORY QUESTIONNAIRE (to be completed by proposed insured)

Name: _____ Application No.: _____

1. Do you, or have you ever suffered from: bronchitis asthma emphysema chronic cough pneumonia
 other (please explain): _____

2. Date of first attack of each? _____

3. How often do attacks occur and last? _____

4. Date of last attack? _____

5. Are the attacks: mild moderate severe productive of sputum blood

6. Have you lost time from work? Yes No If yes, when, for how long and why?

7. Have you ever been hospitalized? Yes No If yes, when, where, diagnosis and for how long?

8. Are you now under treatment or taking medication or been advised to be? Yes No
 If yes, type and quantity: _____

9. Names and addresses of all doctors consulted. Please give dates, symptoms, diagnoses and treatments:

10. Do you experience: shortness of breath wheezing other (please explain):

11. If yes, how often and what precipitates the attack?

12. Do you use tobacco in any form? Yes No If yes, quantity per day: _____
 If no but used in the past, for how many years, quantity and date of last usage:

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