

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 hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured