



BLOOD PRESSURE QUESTIONNAIRE

NAME _____ DATE OF BIRTH _____ FILE _____

1. When was elevated blood pressure first diagnosed?

2. Is blood pressure monitored at home? Yes No

How often? _____

Usual reading? _____

3. Is blood pressure monitored by a doctor? Yes No

Who? _____

How often? _____

Date last checked? _____

Reading? _____

How long in this range? _____

4. Was your doctor satisfied with your most recent readings? Yes No

5. Current medication? Yes No

Type _____

Dosage _____

6. Has your medication been changed in last 6 months? Yes No

Type _____

Dosage _____

Date _____

DECLARATION:

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date _____ Signature of Proposed Insured _____

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872