



HEART MURMUR QUESTIONNAIRE

NAME _____ FILE _____

- 1. Have you ever been told you (or your child) has a heart murmur? Yes No
- 2. At what age was it first noted? _____
- 3. Have you ever been told what caused the murmur? _____ Yes No
- 4. Have you been advised that the murmur is due to an abnormality of the heart such as a hole or valve problem? Provide details: Yes No

- 5. Have you ever been told that the murmur is functional or benign? Yes No
- 6. Have you ever been told that you (or your child) may need heart surgery in the future? Yes No
- 7. Were you (or your child) referred to a specialist or cardiologist? Yes No
If **Yes**, name, address and last visit? _____
- 8. Were there any special tests done, such as an echocardiogram (heart ultrasound) or heart catheterization? Yes No
Please provide dates and results: _____
- 9. Have any follow-ups been arranged? Yes No
If **Yes**, please provide details and dates: _____
- 10. Do you (or your child) take antibiotics before a visit to the dentist or before surgery? Yes No
- 11. Are there any additional details you would like to provide? Yes No

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
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com