



P O L L O C K &
G A L B R A I T H
C O N S U L T I N G
A C T U A R I E S

Medical Questionnaire

CONFIDENTIAL

Name:

Date of Birth:

Name and address of GP (contact not normally necessary and prior consent required):

.....
.....

Height:

Weight:

Do you smoke? Please provide details:

.....
.....

Have you ever smoked? Please provide details:

.....
.....

Do you consume alcoholic drinks and if so what quantity?:

.....
.....

Were you born in the UK:

Stirling Business Centre, Wellgreen Place, Stirling FK8 2DZ

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Managing Director: Dr John Pollock BSc. PhD. FFA, Consultants: Jim Galbraith BSc. MBA FFA, Allan Martin BSc. FFA.

Registered in Edinburgh, Number 224931, Registered Office as above.



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Medical Questionnaire cont.

CONFIDENTIAL

Have you worked or been resident overseas for any substantial period of time:.....

.....

What is your present or previous occupation:.....

.....

Have you ever been declined life assurance or accepted life assurance on increased premium terms:

.....

.....

Please supply a brief medical history including details of any treatments received or prescribed drugs taken on a regular basis:.....

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.....

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Please supply details of any significant medical problems suffered by immediate family and parents:

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Sign..... Date.....

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