



**POLLOCK &
GALBRAITH**
Consulting
Actuaries

Medical Questionnaire

CONFIDENTIAL

Name:

Date of Birth:

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

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.....

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

T: 01786 473591 E: john@pollock-galbraith.co.uk

www.pollock-galbraith.co.uk



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Medical Questionnaire *continued*

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

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.....

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Sign Date

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