



**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:

The Fairmile Building, Sandbank Business Park, Dunoon, Argyll PA23 8PB

T: 03331 100352 E: john@pollock-galbraith.co.uk

www.pollock-galbraith.co.uk

Managing Director: Dr John Pollock BSc. PhD. FFA. Consultant: Allan Martin BSc. FFA. Registered in Edinburgh, Number 224931. Registered Office as above.



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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:

.....

.....

.....

.....

Sign Date

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