Equitable Life of Canada®

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RESPIRATORY QUESTIONNAIRE

Proposed Insured: _____ Date of Birth: _____ Policy Number: _____

1. Do you suffer or have a history of:
   ❑ Asthma ❑ Recurrent Bronchitis ❑ Emphysema ❑ Other: _____

2. What is the cause (allergic, occupational, tobacco-related, other): _____

_____

3. Date of first episode: _____ Date of last episode: _____

   Frequency of episodes: _____ per month _____ per year

   Do you consider the severity of your episodes: ❑ Mild ❑ Moderate ❑ Severe

4. Have you ever been hospitalized or been seen in the emergency for the above? ❑ Yes ❑ No
   If YES, state dates, duration and details: _____

_____

5. Indicate names and addresses of all Doctor's and specialists consulted with applicable dates: _____

_____

_____

6. Have you ever undergone any tests (Pulmonary Function Tests, Chest X-rays, other)? ❑ Yes ❑ No
   If YES, state dates, types and results: _____

_____

7. Indicate all medications used (inhaled, oral, other):

	At time of flare-up	Maintenance Medications
Type		
Dosage		
Frequency		

8. Have you ever lost any time from work for this condition? ❑ Yes ❑ No
   If YES, specify date and amount of time off: _____

9. Do you use tobacco products? ❑ Yes ❑ No
   If YES, type and frequency: _____

I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with The Equitable Life Insurance Company of Canada.

Date _____ Witness _____ Proposed Insured _____