

Identification

Policy:

Name of person to be insured:

First Name of person to be insured:

Date of birth: / /
year / month / day

Section Diabetes

1. a) When were you first diagnosed with diabetes? _____

b) Name and address of the doctor who made the diagnosis: _____

c) Name and address of your attending physician: _____

d) How often do you see your attending physician? _____

Date of last visit: / /
year / month / day

2. Height: _____ Weight: _____

3. What treatment were you prescribed?

Diet

Oral medication - type and dosage: _____

Insulin - type and daily units: _____



Diabetes (...continued)

4. How often do you test your blood to verify sugar level? _____

How often do you have elevated blood sugar? _____

What was the result of your last Hgb A1c (hemoglobin A1c) test? _____ Date:

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year / month / day

5. Have you ever suffered from: if yes, specify: name of physicians consulted and consultation's dates.

Heart trouble Yes No _____

Hypertension Yes No _____

Renal problems Yes No _____

Circulatory disorders Yes No _____

Blurred vision Yes No _____

Insuline reaction Yes No _____

Diabetic coma Yes No _____

6. Have you ever had an:

Electrocardiogram? Yes No _____

If yes, results: _____

7. Do you use tobacco products? Yes No

If yes, type and daily use: _____

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____ Date:

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year / month / day

Signature of witness: _____

Signature of person to be insured: _____