

**Identification**

Policy number:

Name of person to be insured:

First Name of person to be insured:

Date of birth:  /  /   
year / month / day

**Section Musculoskeletal disorders**

1. Check all illness or conditions that you suffer from or cause your pain:

Arthritis  Arthrosis  Rheumatism  Other \_\_\_\_\_

2. Check all body regions affected:  Neck  Spine  Wrists  Hands  Shoulders  Hips  Knees  Ankles  Feet

Other: \_\_\_\_\_

3. Are the affected regions deformed?  Yes  No

4. When did you first suffer from this illness?  /  /   
year / month / day

a) Frequency of episodes: \_\_\_\_\_

b) Average duration of episodes: \_\_\_\_\_

c) Date of most recent episode:  /  /   
year / month / day

5. Are your job duties or daily activities restricted in any way because of this condition?  Yes  No

If yes, describe restrictions and limitations: \_\_\_\_\_  
\_\_\_\_\_



**Musculoskeletal disorders (...continued)**

6. Have you consulted a physician, physiotherapist, chiropractor or other health practionner for your illness or problem?  Yes  No

If yes, indicate name, speciality and address of each professional consulted:

Name	Speciality	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Provide details of all medication you are currently taking:

Name of medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you lost any time from work due to this condition?  Yes  No

If yes, provide dates and duration of time off work: \_\_\_\_\_

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: \_\_\_\_\_