

DIABETIC QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Date diabetes diagnosed (dd/mm/yyyy): _____
2. Name and address of doctor now treating you and for how many years?

3. Type, amount and dosage of
 Insulin: _____ Oral Medication: _____
4. Have you had any diabetic comas or insulin reactions? Yes No If yes, state which and frequency:

5. Do you follow a diabetic diet? Yes No Exercise program? Yes No
6. How often do you test your urine: _____ Results: _____
7. Have you ever had an electrocardiogram or chest X-ray? Yes No If yes, give dates, name and address of doctor involved and results:

8. What is your height? _____ Weight? _____
9. Have you gained or lost weight during the past two years? Yes No If yes, give details:

10. Have you ever had: heart trouble chest pain high blood pressure eye trouble albumin in the urine
 numbness or tingling sensation in the limbs

Give full details including names and addresses of doctors consulted for these conditions:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X