

Chest pain supplementary statement

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer each question and where appropriate provide particulars.

1 Approximate date of first attack of chest pain or discomfort: Date / /

2 Have any attacks occurred since then? Yes, please give details No

3 What was the location of the chest pain? E.g. central, left or right of the chest, across the front of the chest, or elsewhere.

4 What was the duration of the pain?

5 Are the attacks associated with any of the following?

<input type="checkbox"/> Exercise or exertion	<input type="checkbox"/> Nervousness or excitement	<input type="checkbox"/> Eating
<input type="checkbox"/> Certain postures	<input type="checkbox"/> Other, please give details	

6 Have you at any time been unable to work due to chest pain? Yes, please give details No

If so, how long were you absent from work:

Are you now able to work without restriction: Yes No

7 Have you received or are you presently receiving any form of medical treatment? Yes No

If possible, please specify type, dosage and duration:

8 When and by whom did you last have an electrocardiogram?

9 Do you know what diagnosis, if any, has been made regarding your chest pain? Yes No

If so, please specify and provide the name and address of the doctor concerned:

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not be any change in my health, occupation or pastimes since completing my application for insurance.

Name of life insured: _____

Date: _____

Signature: _____

10/05

How to contact Macquarie

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FORWARD thinking

