

Respiratory disorders questionnaire

(such as asthma, bronchitis, emphysema)

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 What is the diagnosis of your condition and date it first began?

2 How often do you experience symptoms?

3 What was the date of the last occurrence?

Date: / /

4 What makes symptoms start or worsen (eg allergy, stress, exercise)?

5 Do you monitor your peak flow?

Yes, please give details No

Highest:

Lowest:

Usual:

Continued overleaf

6 Have you ever been admitted to hospital or required urgent treatment? Yes No

If yes, please provide the name of the hospital and the date(s).

7 Do you receive treatment for this condition? Yes, please give details No

Type: Frequency:

8 Have you lost any time from work as a result of this condition? Yes No

If yes, how much?

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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