

BRONCHITIS QUESTIONNAIRE

Name of Applicant _____

1. When did you first have an attack of bronchitis? _____
2. How often do you have an attack of bronchitis? _____
3. How severe are they? _____
4. When did you last have an attack of bronchitis? _____
5. What hospital treatment has been necessary? _____
6. What causes the bronchitis? _____
7. Is the bronchitis considered to be "Chronic" or "Acute"? _____
8. Any sputum production, severe cough or spitting of blood? If so, give details such as how often, for how long, etc. _____

9. Is treatment taken at present? If so, give details _____

10. Do you have wheezing or shortness of breath between attack? _____

11. Name and address of current attending doctor _____

12. How often do you consult the above doctor and for what reason? _____

13. Any smoking habits? _____

14. Results of latest chest X-ray and pulmonary function tests _____

I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form part of the application to the Manulife Chinabank Life Assurance Corporation for insurance on my life.

Signed at _____ this _____ day of _____ 20_____.

Signature of Applicant

Signature of Agent