

### GASTRO-INTESTINAL QUESTIONNAIRE

The Medical Examiner will question the proposed life insured to bring out the following information including dates and full particulars.

Name of Applicant
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1. Symptoms:  
Character \_\_\_\_\_  
Frequency and Duration \_\_\_\_\_  
Relation to Food \_\_\_\_\_  
Dates of First and Last Attacks \_\_\_\_\_
2. Evidence of Blood Loss:  
Anemia \_\_\_\_\_  
Haematemesis \_\_\_\_\_  
Melena \_\_\_\_\_
3. Evidence of Obstruction:  
Nausea or Vomiting \_\_\_\_\_
4. Loss of Time from Work \_\_\_\_\_
5. Diagnostic procedures  
X-Ray \_\_\_\_\_  
Other \_\_\_\_\_
6. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_
7. Attending doctors, addresses and date seen:  
\_\_\_\_\_  
\_\_\_\_\_
8. Treatment  
Medical: \_\_\_\_\_  
Surgical: \_\_\_\_\_  
Result: \_\_\_\_\_
9. Present State:  
Diet and Medication \_\_\_\_\_  
Symptoms \_\_\_\_\_

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*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\_\_\_\_\_.

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Signature of Applicant

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Signature of Agent