

Diabetic Supplementary Statement

This statement should be completed by the person to be assured.

Full name:

Proposal No.:

Date of birth:

Please answer each question and where appropriate provide particulars.

1. When was your diabetes first diagnosed?

2. a) What is the class of diabetes (type I / type II)?

b) **For Females only - Have you ever had or do you have Gestational Diabetes?**

3. During the past two years, have the number of units of insulin or the dosage of oral medication changed?

4. What treatment are you presently receiving?

a) oral medication (please indicate name of drug and dosage)

b) insulin (please indicate number of units per day)

c) other (please specify)

5. Have you ever been in the hospital or taken injection of glucose because of diabetes , diabetic coma ,hypoglycemic shock since you received treatment?

6. How frequently do you test your blood or urine for sugar?(please provide sample reading over past 3years)

Date

Blood Sugar

Urine Sugar

7. Have you ever had

- a) Problems with your vision?
- b) Circulation problems with your legs?
- c) Albumin or protein in your urine?
- d) Any Cardiac problem such as Hypertension?
- e) Renal problems?
- f) Hyperlipidaemia?
- g) Other problems?
- h) Are you currently consuming Alcohol? If yes please provide details.
- i) Tuberculosis?

If so, please specify:

8. Do you suffer from any other complaints?

If so, please give details:

9. Reports of any other investigations e.g. ECG, B. Lipids, S.Creatinine, X-ray Chest, etc., if done.

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Signature of the person to be assured

Date

Place

Please enclose a copy of all medical reports.