

First name and last name	Date of birth (yyyy/mm/dd)	Reference number: Case ID, Policy no., Contract no. or Application no.

1. During an epileptic attack have you ever:

- a) had dizzy spells? Yes No
 b) fainted? Yes No
 c) had convulsions? Yes No

2. Epileptic attacks:

- a) date of first attack (yyyy/mm/dd): _____
 b) date of last attack (yyyy/mm/dd): _____
 c) duration of attacks: _____
 d) frequency of attacks: _____

3. Have you ever been admitted to emergency as a result of an epileptic attack?
 If **yes**, indicate date and name of hospital:

Yes No

4. Have you ever missed work or school due to an epileptic attack?
 If **yes**, indicate the:

Yes No

- date (yyyy/mm/dd): _____
 • duration in terms of days: _____

5. Do you take or have you ever taken medication to treat epilepsy?
 If **yes**, indicate the:

Yes No

- name of the medication: _____
 • dosage: _____
 • frequency of use: _____
 • date last used (yyyy/mm/dd): _____

6. Have you had:	When?	Where?	Results?
<input type="checkbox"/> E.E.G.'s			
<input type="checkbox"/> CAT Scan			
<input type="checkbox"/> Other (specify):			

7. Please indicate name(s) and address(es) of physician(s) consulted:

I declare that the answers given in this document are true and complete and I agree that they form an integral part of my application for insurance.

_____ **X** _____ **X** _____
 Date (yyyy/mm/dd) Signature of proposed insured Signature of witness
 (signature of father, mother or legal guardian, if minor)