DIABETES QUESTIONNAIRE

Canada Life™

To be completed by Proposed Insured

Name:	*Birthdate: (D/M/Y)*	*Policy Number:*
Occupation	*Height:* *Weight:* ft. in. lbs.	*Weight two years ago:* lbs.

ANSWER ALL QUESTIONS	***Yes***	***No***	***DETAILS OF "YES" ANSWERS***		
1. Have you ever been told that you had diabetes?	☐	☐	*Name and Address of Doctor who made the Diagnosis:*		*Date of Diagnosis:*
2. Is your urine usually sugar free?	☐	☐			
3. Have you ever had any blood sugar tests?	☐	☐	*When?*	*What was the result?*	
4. Are you receiving treatment or are you under medical supervision now?	☐	☐	*Name and Address of your Doctor:*		
5. Are you on a diet at present?	☐	☐	*Protein:* grms.	*Fat:* grms.	*Carbohydrates:* grms.
6. Are you taking insulin now?	☐	☐	*Quantity:*		
7. Are you taking oral drugs for the control of your diabetes?	☐	☐	*Type and dose:*		
8. Has your medication or your diet ever been discontinued?	☐	☐	*Explain:*		
9. Have you ever been treated for diabetic coma or acidosis or insulin reaction?	☐	☐	*Explain:*		
10. Have you:			*Explain:*		
(a) any eye trouble?	☐	☐			
(b) heart trouble?	☐	☐			
(c) high blood pressure?	☐	☐			
(d) Kidney trouble?	☐	☐			
(e) recurring or prolonged illness?	☐	☐			
11. Has an electrocardiogram been taken?	☐	☐	*By whom?*	*Date:*	*Was it normal?*

I understand that my answers to this questionnaire are material to my application for insurance and will be relied upon by the Company in determining my insurability.

I understand that any material misstatement in this questionnaire, or elsewhere in my application for insurance, will permit the Company to decline my application or rescind the policy.

I declare that the above answers are complete and true, and shall form part of my application to The Canada Life Assurance Company.

_____ _____

Date *Proposed Insured's Signature*

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Witness

The Canada Life Assurance Company