BPI AIA

LIFE ASSURANCE CORPORATION

APPLICANT'S HYPERTENSION QUESTIONNAIRE

Name of Applicant:	Reference No.:

Please **PRINT** all answers.

1. How long have you been hypertensive?

   less than a year

   1-3 years

   4 years and above

2. (a) When was an elevated blood pressure first noticed? ____ / ____ / _____

   (b) What was the blood pressure reading at that time? _____

   (c) What is your current blood pressure reading? _____

3. Was the hypertension secondary to some other conditions? Yes No
   If YES, please indicate the date and nature of first manifestation of underlying conditions.

DATE	NATURE OF CONDITION
____ / ____ / _____	_____
____ / ____ / _____	_____
____ / ____ / _____	_____

4. Has this caused complications of the heart, brain or kidneys? Yes No
   If YES, please indicate the date and nature of complication.

DATE	NATURE OF COMPLICATION
____ / ____ / _____	_____
____ / ____ / _____	_____
____ / ____ / _____	_____

5. (a) Do you require treatment for hypertension in the past 12 months? Yes No
   If YES, please indicate the type, dosage and period taken of the drugs prescribed.

TYPE	DOSAGE	PERIOD TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

   (b) Are you still undergoing treatment? Yes No
   If NO, please indicate the reason for discontinuance.

   _____

6. Have you had any of the following medical tests in the past 12 months? Yes No
   If YES, please indicate the date and result.

	DATE	RESULT
Blood examination	____ / ____ / _____	_____
Radiological examination	____ / ____ / _____	_____
Electrocardiographic examination	____ / ____ / _____	_____
Others _____	____ / ____ / _____	_____

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7. Which of the following best describes the impact of hypertension on your ability to perform day to day activities and work?

   Significant or occasional impact

   Only minor symptoms which have little or no impact

   Ongoing condition with no impact

   Fully recovered

8. Please provide the name(s) and address(es) of your attending physician(s) and/or medical facility:

9. Please state any other relevant facts, other than what has been stated, which in your opinion may affect the prognosis.

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ____ / ____ / _____ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

_____
Name of Applicant

Witnessed by:

_____
Name of Bancassurance Sales Executive

Code No. _____