

2. If not already stated, have you during the past 5 years -

**STATE
YES or NO**

- 2.1 Had any X-rays, E.C.G's, other investigations, operations or hospitalization?
- 2.2 Taken any course of sedatives, tranquilizers or drugs for medical or any other reasons?
- 2.3 Consulted any doctors or specialist facility?

If "YES" to any of the above, state details in schedule below:

Exact nature of investigations and consultations	Date	Name and address of doctor, specialist or hospital

2.4 Name and address of your medical doctor and the period you have been attending him

3. WEIGHT

Has your weight changed by more than 3 kilos or 6 lbs. over the past year?
If 'YES', state whether increased or decreased, by how much, reason and
The length of time you present weight has remained constant.

4. HABITS

- 4.1 What kind and quantity of alcoholic liquor do you consume per day?
per week?
- 4.2 Have you ever taken more in the past? If 'YES', state full details.
- 4.3 How much do you smoke per day?
- 4.4 Have you ever received medical advice to reduce or discontinue your liquor or tobacco consumption? If "YES", state full details.

5. FAMILY HISTORY

5.1

	If living		If dead	
	State of health		Age of death	Cause of death
	If in poor health, state nature and age			
Total no. of living	Age			
Father				
Mother				
Brother				
Sisters				

5.2 If not already stated, has any close blood relative suffered from diabetes, heart disease, high blood pressure, Mental illness, H.I.V. Aids, porphyria or any other hereditary disease?
If "YES", state full details: _____

Dated at _____ this _____ day of _____ 19

Witness _____
(Signature of Medical Examiner)

(Signature of Applicant)