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**BLOOD PRESSURE QUESTIONNAIRE (HYPERTENSION)**

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**To be completed by the Life To Be Assured**

Full Name of Life To Be Assured : \_\_\_\_\_

Policy Number : \_\_\_\_\_

1. When were you told to have hypertension? What was the blood pressure at that time?

\_\_\_\_\_

2. Have investigations been made to determine the cause? If "Yes", what were the results?

\_\_\_\_\_

\_\_\_\_\_

3. Has treatment with antihypertensive or other drugs been given? If "Yes",

(a) When did treatment commence?

\_\_\_\_\_

(b) What drugs are being taken? (Please state dosage)

\_\_\_\_\_

\_\_\_\_\_

If treatment has been discontinued, please give date of cessation.

\_\_\_\_\_

4. Have any complications of hypertension ever been noted? If "Yes", please give details.

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5. Please give the dates and results of any chest X-ray, ECG or other tests that have been performed since treatment was started.

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**I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my proposal.**

**I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.**

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Signature of Life To Be Assured

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Date