



Policy Number/s

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BRONCHIAL ASTHMA QUESTIONNAIRE - APPLICANT

(To form part of the policy contract)

Name of Applicant: _____

1. When was the first asthma attack experienced? _____

2. How often do you have attacks? weekly monthly yearly others _____

3. What triggers your asthma attacks?

- dust/pollution food exercise
 change in climate respiratory infection others (please specify) _____

4. Do you experience asthma attacks during the night? **YES, please provide details below** **NO**
 If yes, how often? _____

5. When was your last asthma attack? _____

6. Was medical consultation sought? **YES, please provide details below** **NO**

When? _____ Name of Attending Physician _____

Address _____ Contact No. _____

7. Were you prescribed any medication for this condition? **YES, please provide details below** **NO**

| Date Prescribed | Name of Medication | Dosage | Date Medication Stopped and Reason/s | |
|-----------------|--------------------|--------|--------------------------------------|--|
| / / | | | | |
| / / | | | | |
| / / | | | | |

8. Have you been admitted to a hospital/medical facility due to this condition?

YES, please provide details below **NO**

| Date Admitted | Date Discharged | Name of Hospital/Facility | Reason for Confinement |
|---------------|-----------------|---------------------------|------------------------|
| / / | / / | | |
| / / | / / | | |

9. Have you ever had a history of "Status Asthmaticus" or extreme asthma emergency?

YES, please provide details below **NO**

Date of episode/s: _____

10. Did you ever have cardiac arrest due to asthma? YES NO

11. Aside from asthma, do you have any of the following respiratory conditions? YES NO

Chronic Bronchitis Emphysema/COPD Others _____

12. Have you taken time-off work due to asthma? YES, please provide details NO

13. Please provide details of your attending physician.

| |
|-------------------------------------|
| Name of Attending Physician: |
| Specialization: |
| Contact Number: |
| Clinic Address: |
| Email Address: |

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I understand that the personal information collected or held by AXA Philippines may be used, stored, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including any of its affiliates or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines to process and deal with my application/policy to which this is appended to.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.

Name and Signature

Date of Signing

AXA PHILIPPINES
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