Policy Number/s

CYST, LUMP, MASS & TUMOR QUESTIONNAIRE – Applicant (To form part of the policy contract)

Name of Applicant: _____

1. When was the cyst, lump, mass or tumor discovered? _____

2. Where is the exact location of the cyst, lump, mass or tumor? _____

3. What other tests or investigations have you undergone for this condition?

Date	Name of Test/Investigation	Result
/ /		
/ /		
/ /		

4. Has the cyst, lump, mass or tumor been removed? ◯ Yes, *please provide details* ◯ No

Date of removal: _____ Name of Hospital: _____

Name of Attending Doctor: _____ Contact Number: _____

Diagnosis: _____

Histopathology/Biopsy Result: _____

(Please attach a copy of the histopathology/biopsy report)

5. Did you undergo chemotherapy? ◯ Yes, *please provide details* ◯ No

Start Date	Date of Last Cycle	Total Number of Cycles
/ /	/ /	

6. Did you undergo radiation treatment? ◯ Yes, *please provide details* ◯ No

Start Date	Type	Total Number of Cycles
/ /	◯ External Radiation	
/ /	◯ Internal Radiation	
/ /	◯ Systemic Radiation	

7. Were you prescribed any medication for this condition?

Date Prescribed	Name of Medication	Dosage	Date Medication Stopped/Reason	
/ /			/ /	[Reason]
/ /			/ /	[Reason]
/ /			/ /	[Reason]

8. Were you required to come back for a follow-up check-up? ◯ Yes, *please provide details* ◯ No

Frequency: _____ Date of last consultation: _____

Results: _____

9. Has there been any recurrence? ◯ Yes, *please provide details* ◯ No

Date: _____

Site/Location: _____

Treatment: _____

10. 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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