NAME			
FIRST NAME			
DATE OF BIRTH D	M	Y	APPLICATION OR POLICY NUMBER

RHUMATISM, ARTHRITIS OR GOUT QUESTIONNAIRE

1. **What is the exact diagnosis of your attending physician? (Osteoarthritis, Rheumatoid Arthritis, Ankylosing Spondylitis, etc.)**
   ____

2. **Is the disease:** Benign ☐ Moderate ☐ Severe ☐

3. **Which of your joints are affected? (Hands, wrists, knees etc.)** ______________________
   ____

4. **Symptoms:** ☐ High fever ☐ Redness of the joint(s) affected
   ☐ Stiffness ☐ Swelling of the joint(s) affected

5. **Have you had medications prescribed:** ☐ Yes ☐ No **If yes**, please complete the following table:

Name of medication	Dosage	Frequency	Date of last used

6. **How frequently do symptoms occur?** ______________________________

7. **Have you ever been bed ridden?** Yes ☐ No ☐
   If yes, provide the date and duration: ______________________________

8. **Have you ever been retained at home?** Yes ☐ No ☐
   If yes, provide the date and duration: ______________________________

9. **Have you ever been hospitalized?** Yes ☐ No ☐ **If yes**, provide the date, duration and location:
   ____

10. **Have you taken time off work?** Yes ☐ No ☐ **If yes**, details :______________________
    Date : from: ____/_____/_____ to: ____/_____/_____ **If more than once :** from: _____/_____/_____ to: ____/_____/_____
    D M Y D M Y D M Y D M Y

11. **Are your activities restricted and at what percentage? Please provide the complete details:**
    ____

12. **Do you have any associated disorder?** Yes ☐ No ☐ **If yes**, provide the complete details: ______________
    ____

13. **Name(s) and address(es) of the consulted physician(s):** ______________________________
    ____
    ____

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with **UL Mutual**.

X______________________________
SIGNATURE OF THE PROPOSED INSURED

X______________________________
SIGNATURE OF THE POLICY OWNER

X______________________________
WITNESS

____
DATE