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

QUESTIONNAIRE FOR EPILEPSY: CONVULSIONS AND LOSS OF CONSCIENCE

1. a) **Have you ever had or been told that you suffer from:**
Epilepsy _____ Convulsions _____ Loss of conscience _____ Aura _____ Other(s) ______

b) Please, state the exact diagnosis, or nature of the condition you are suffering from e.g. absence seizures (petit mal), atonic seizures (drop attack), myoclonic seizures, tonic-clonic seizures (grand mal), simple partial seizures, complex partial seizures (psychomotor), nocturnal epilepsy or others?
____

2. **Date of the first episode:** ____

3. **Date of the last episode:** ____

4. **How many episodes have you suffered?** ______________ **Frequency:** ______________________________

5. **Was it a total loss of conscience?** Yes ☐ No ☐ **If yes**, what was the duration of the total loss of conscience?
____

6. **Do you have any symptoms or warnings of an attack?** Yes ☐ No ☐
If yes , described your symptoms: ____
____

7. **Provide the name(s) and address(es) of the physician(s) consulted and the dates of the consultations:**
____
____
____

8. **Which treatment or medications were prescribed?** ____
____

9. **Are you currently under any treatment or medication?** Yes ☐ No ☐
If no, when did the treatment or medication stop? ____

Was it on your physician's advice to stop the treatment or taking the medication? ______________________

10. **Have you ever had:**
- Crane X-rays? Yes ☐ No ☐
- E.E.G.? Yes ☐ No ☐
- Others? Yes ☐ No ☐ Specify: ______________________________

What were the results? ____

11. **What is your version of the diagnosis and the cause of the disorder?** ______________________________
____

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

EQC062 (11-04)