



Health Questionnaire

1. Have you ever had:

Recurrent or persistent fever or skin disorder?	Yes	No
Persistent night sweats?	Yes	No
Weight loss?	Yes	No
Infections or swollen glands?	Yes	No
Chronic or frequent diarrhoea?	Yes	No
Persistent cough?	Yes	No
Hepatitis B or any sexually transmitted disease including genital sores or discharges?	Yes	No
Have you ever been refused as a blood donor?	Yes	No
Have you received any blood transfusions within the last 5 years?	Yes	No

- Please give full details of all positive answers:

2. Additional Underwriting Questions

AIDS (Acquired Immune Deficiency Syndrome)	Yes	No
Describe in details affirmative answers:		
Have you received medical advice or treatment in connection with AIDS- related condition or sexually transmitted disease?	Yes	No
Have you been told you had AIDS or AIDS-related complex?	Yes	No
Have you ever been told you had a positive blood test for antibodies to the AIDS virus (Human Immune Deficiency Virus)	Yes	No
Have you ever had a, or been advised to have a blood test for AIDS or an AIDS-related condition?	Yes	No
Do you have any of the following which are unexplained:		
Fatigue, weight loss, Diarrhoea, Enlarged Lymph nodes, or unusual skin lesions?	Yes	No