

Musculoskeletal disorders questionnaire – Applicant

Full name:

Application number:

1. What musculoskeletal disorder do/did you suffer from?

2. Which part(s) of your body are/were affected?

3. What was the cause of this problem?

4. When did you first notice any symptoms?

5. Are you now fully recovered?

Yes No

If YES, please advise when recovery occurred.

If No, please provide full details of any residual symptoms.

6. Has there been more than one episode?

Yes No

If YES, please comment on date and duration of each episode.

7. Please provide details of any time off work as a result of this condition.

8. Please comment on any aspect of your occupation which may exacerbate the condition.

9. Was surgery required, or is surgery planned?

Yes No

If YES, please provide details of operation, dates and where the operation was/is to be carried out.

10. What other treatment was provided? e.g. anti-inflammatory drugs, pain killers, physiotherapy, etc.

11. Please provide any additional information on your condition which you feel may be helpful in processing your application.

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

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 the contract.

Signature

Date