TATIL LIFE
Guaranteed Protection

DECLARATION OF HEALTH

Applicant Name: _____ Policy No._____

	YES	NO	DETAILS OF YES ANSWERS: Identify question number, circle applicable items, include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities.
1. Have you ever consulted a physician, been treated for or had any known indications of tuberculosis, diabetes, cancer, tumors, high blood pressure, stroke, heart or kidney disease, blood disorder, multiple sclerosis, Alzheimer's, motor neuron disease, mental illness or suicide, AIDS/HIV or any other immunological disorder? other familial or hereditary Diseases?	☐	☐	
2. a) Do you currently have a referral, testing, treatment of investigation pending or contemplated not yet completed? **or** b) Are you aware of any symptoms or problems that require medical attention?	☐ ☐	☐ ☐	
3. Do you currently have any illnesses/medical conditions that prevent you from performing your normal job duties?	☐	☐	
4. In the last 3 months have you: a) tested positive for COVID-19, **or** b) self-isolated with symptoms on medical advice? If yes, when was this?	☐ ☐	☐ ☐	
5. In the last month have you: a) been advised to self-isolate due to COVI-19 (excluding mandatory government orders to remain at home **or** b) had a persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19?	☐ ☐	☐ ☐	
If yes to (4) or (5), have you made a full recovery and returned to normal activities? If so, when was this?	☐	☐	

I confirm that the answer 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 my insurance.

Name_____Signature_____ Date (dd/mm/yy)_____