

Health Declaration

Please take reasonable care to answer all questions honestly and to the best of your knowledge. This health declaration, together with the information you provided during your application, will then form the terms of your agreement with us.

Member name _____

Reference number _____

Since completing your original application form:

1. Have you had treatment or seen a consultant whether private or NHS? **If yes please provide full details below including what treatment you had, when this was and who you saw.** Yes No
2. Do you have any planned or pending treatment, investigations or tests, whether private or NHS? **If yes please provide full details below.** Yes No
3. Do you currently have any symptoms for which you have not yet sought medical advice? **If yes please provide full details below.** Yes No
4. Has a doctor or medical professional advised you to reduce your alcohol consumption? **If yes please provide full details below, including when this was and how much you were drinking at the time** Yes No
5. Have you smoked, or used any form of nicotine replacement products in the last 12 months? Yes No

Signature _____ *(please note this must be signed by an adult)*

Date / /

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