



Medical Statement

Name of insured:

The following is your medical history that you disclosed as part of your application.

- 1) You were asked to indicate your medical conditions. Your answers to those questions are marked as a YES or NO answer; there may be further explanation in the Notes section.
- 2) You were then asked how many medications you were taking or prescribed in the 3 months prior to the Effective Date of the policy. Your answers are listed as a number beside each condition you disclosed under the Current Medications column.
- 3) Finally you were asked how long each declared medical condition was stable for. Your answers are shown below next to each condition you disclosed. Refer to your policy for the definition of stable.

Warning: Double check the YES and NO answers on your Medical Statement. Sign and return one copy to your broker.

Medical Condition	Medications	Stable and Controlled for
<p>1) Eligibility: If you answer Yes to one of the questions in this section you are not eligible for coverage under this policy.</p> <p>a) I have read the eligibility requirements at the bottom of the application and in the Policy documents. I confirm I am eligible. <input type="radio"/> Yes <input type="radio"/> No</p>		
<p>2) In the last 3 years have you been diagnosed with, treated for or been prescribed or taken medication for Circulatory, Vascular or Blood disorders conditions?</p>		
a) High Blood Pressure (Hypertension) or Low Blood Pressure (Hypotension) <input type="radio"/> Yes <input type="radio"/> No		
b) Vascular Disease (PVD) or Artery Disease (PAD) <input type="radio"/> Yes <input type="radio"/> No		
<p>3) Have you ever been diagnosed with, treated for or been prescribed or taken medication for Heart / Cardiovascular conditions?</p>		
a) Cardiomyopathy, Congestive heart failure or water on the lungs or the use of Lasix or Furosemide <input type="radio"/> Yes <input type="radio"/> No		
b) Other heart/cardiovascular problems including congenital heart disorders <input type="radio"/> Yes <input type="radio"/> No		
<p>4) Have you ever been diagnosed with, treated for or been prescribed or taken medication for Stroke / Cerebrovascular or Neurological conditions?</p>		
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Medical Condition	Medications	Stable and Controlled for
a) Stroke, Cerebrovascular accident (CVA), Mini Stroke, Transient ischemic attack (TIA) <input type="radio"/> Yes <input type="radio"/> No		
b) Other Cerebrovascular or Neurological conditions or disorders <input type="radio"/> Yes <input type="radio"/> No		
5) In the last 3 years have you been diagnosed with, treated for or been prescribed or taken medication for Respiratory / Lung conditions?	Medications	Stable and Controlled for
a) Any chronic respiratory condition, lung disorder or lung surgery (not including minor ailments) <input type="radio"/> Yes <input type="radio"/> No		
6) In the last 3 years have you been diagnosed with, treated for or been prescribed or taken medication for Kidney, Gastro-Intestinal, Digestive or Liver conditions?	Medications	Stable and Controlled for
a) Chronic Kidney Disease, Chronic Renal Failure, Pancreatitis, Hepatitis or Cirrhosis of the liver <input type="radio"/> Yes <input type="radio"/> No		
b) Other gastro-intestinal/liver/kidney conditions <input type="radio"/> Yes <input type="radio"/> No		
7) In the last 3 years have you been diagnosed with, treated for or been prescribed or taken medication for Diabetes?	Medications	Stable and Controlled for
a) Diabetes prescribed insulin <input type="radio"/> Yes <input type="radio"/> No		
b) Diabetes prescribed medication (not insulin) <input type="radio"/> Yes <input type="radio"/> No		
c) Diabetes without medication or impaired glucose tolerance <input type="radio"/> Yes <input type="radio"/> No		
8) Have you ever been diagnosed with, treated for or been prescribed or taken medication for Cancer?	Medications	Stable and Controlled for
a) Leukemia or Lymphoma or Multiple Myeloma <input type="radio"/> Yes <input type="radio"/> No		
b) Have you had any other form of Cancer not including basal cell or squamous cell skin cancer <input type="radio"/> Yes <input type="radio"/> No		
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Medical Condition	Medications	Stable and Controlled for
c) In the 6 months prior to the effective date have you had chemotherapy or radiation therapy for cancer or malignant tumour(s) <input type="radio"/> Yes <input type="radio"/> No		
9) In the last 3 years have you been diagnosed with, treated for or been prescribed or taken medication for Other Risk Factors?	Medications	Stable and Controlled for
a) Syncope or dizzy spells or fainting that was reported to a doctor or hospital <input type="radio"/> Yes <input type="radio"/> No		
b) Have you been referred to a specialist or specialty clinic or required treatment or prescription medication or surgery for any other medical or physical disorder or condition not referred to above <input type="radio"/> Yes <input type="radio"/> No		
c) In the 24 months prior to the effective date have you smoked or used tobacco products <input type="radio"/> Yes <input type="radio"/> No		
d) In the 6 months prior to the effective date have you had two or more falls that were reported to a physician <input type="radio"/> Yes <input type="radio"/> No		
e) In the 6 months prior to the effective date have you received advice/treatment for a medical <i>emergency</i> in a hospital for any of the conditions listed above <input type="radio"/> Yes <input type="radio"/> No		

Signature _____

Date _____

Warning: Double check the YES and NO answers on your Medical Statement, sign and return one copy to your broker. If you do not correct your answers on the Medical Statement and you accept the policy attached to this Travel Insurance Purchase Confirmation, you agree, by accepting the insurance policy and paying the necessary premium, that the answers contained on your Medical Statement set out below are correct and complete.