

Drug Use Questionnaire

(to be completed by the member)

Member Full Name.....Date of birth.....
Policy number or scheme name.....

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information.

Are you now using or have you in the past used drugs? YES/NO
If yes, please provide details concerning drug use.

For each drug taken please provide:
Name of drug, date of first use, date of last use and details of how taken (Ingestions, injection, inhalation (smoked or snorted) etc...

Have you suffered any health problems as a result of drug use? YES/NO
If yes, please provide details:

Have there been complications to your health or medical side effects because of drug use?
YES/NO
If yes, please provide details:

Have you been tested for hepatitis B or C? YES/NO
If yes, please provide details:

Have you been tested for HIV? YES/NO
If yes, please provide details:

Do you currently have any psychological or psychiatric disorders? YES/NO
If yes, please provide details:

Have you had any psychological or psychiatric disorders? YES/NO
If yes, please provide details

Please give the name and addresses of your doctor(s) and your consultant(s).

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they will be entitled to declare this insurance invalid and not pay claims or not fully pay claims.

I undertake to inform the insurers of any changes to the answers and information I have provided (after the declaration has been completed and up to the date it is accepted by the insurers).

Signed.....Date.....
(Member)

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