

**KNIGHTS OF COLUMBUS FRATERNAL
ASSOCIATION OF THE PHILIPPINES INCORPORATED**

Fr. George J. Willman S.J. Center
Gen. Luna corner Sta. Potenciana Streets
Intramuros, Manila, Philippines
Telephone Nos. 527-22-23 to 27 ; 527-22-49 to 55

**UNDERWRITING DEPARTMENT
BP QUESTIONNAIRE**

Name of Applicant _____

1. Date _____ 20____, Time _____ AM PM Systolic Pressure _____

Diastolic Pressure _____

2. Date _____ 20____, Time _____ AM PM Systolic Pressure _____

Diastolic Pressure _____

3. Did you read the diastolic above, - -

At the disappearance of the sound? _____

Fourth Phase? _____

4. Has the applicant ever been under treatment for Hypertension? If so, please give dates, details and names of attending physicians.

Dates	Details	Attending Physician

5. Are you forwarding a specimen of urine ? _____

Signature _____ M.D.

Address: _____
