

**KNIGHTS OF COLUMBUS FRATERNAL,
ASSOCIATION OF THE PHILIPPINES, INC.**

QUESTIONS TO BE ANSWERED IF APPLICATION IS UNDER NONMEDICAL INSURANCE

Part 2
Continued

Applicant's Health Declaration

ANSWER QUESTION IN FULL.

1. Full Name _____
2. a. Height _____ in. _____ ft./in. _____ lbs.
b. Weight _____ lbs. _____ kgs. _____ lbs.

3. Family History:

FAMILY MEMBER	AGE	LIVING	DISEASED	AGE
		State of Health	Cause	
Father				
Mother				
Siblings (List)				
Brothers & Sisters				
Brothers				
Sisters				
Daughters				
Sons				
Grandchildren				
Granddaughters				
Grandsons				

4. Name and Address of Family Physician _____
5. Have you lost weight during the past 12 months? How many pounds/kilos? Why? _____
6. a. Have you for physical reason ever been refused or discharged from employment, active military or naval service? If yes, pls. give details.
b. Have you applied for or received disability benefits or pension from any source? If yes, pls. give details.
7. Have you used alcoholic beverages in excess, taken habit forming drugs, or sought advice for treatment for alcoholism, drugs or other forms of addiction? If yes, pls. give details.

QUESTIONS TO BE ANSWERED IF MEDICAL EXAMINATION IS PERFORMED ON BOTH THE APPLICANT PAYOR AND THE PROPOSED SCHOLAR

8. Has the Applicant Payor and/or Proposed Scholar:
a. ever had medical consultation or treatment by any physician or other medical specialist for any disease pertaining to:

1. Heart or circulatory system?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No
2. Lung or respiratory system?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No
3. Kidney or genito-urinary system?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No
4. Digestion, liver, or cholelithic system?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No
5. Blood or other abnormal organs?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No
6. Any curable but undetected diseases, AIDS, cancer, diabetes, gonorrhea, blood or lymphatic related diseases?	1 Yes 1 No 1 Yes 1 No 1 Yes 1 No

b. ever had consultation, for proctation, surgical operation, accident, injury, medical advice or examination other than mentioned above? 1 Yes | 1 No | 1 Yes | 1 No | 1 Yes | 1 No
c. ever had any physical defect or deformity, mental impairment, impaired hearing or eyesight, tumor, lump or abnormal growth in any part of your body 1 Yes | 1 No | 1 Yes | 1 No | 1 Yes | 1 No
d. ever had X-ray, Electrocardiogram (ECG), biopsy, blood analysis, and other diagnostic or pathologic tests? If yes, for what reason? 1 Yes | 1 No | 1 Yes | 1 No | 1 Yes | 1 No
9. FOR THE PROPOSED SCHOLAR (to max. to 10 years old)
a. Was the child born prematurely? 1 Yes | 1 No
b. Does the child have any physical congenital defect? 1 Yes | 1 No
c. Height _____ in. _____ lbs. Weight _____ lbs.
Note: With regard to these questions answered "Yes," pls. give full particulars below:

10.

Physician's Initial or Examination	Date	Birth Date of child, if applicable	Name and Address of Attending Physician (if child)

10. FOR WOMEN ONLY (single or married):
a. Date of last menstrual period? _____
b. Are your menstruation periods irregular? If so pls. give details. _____
c. Are you pregnant? 1 Yes | 1 No
If pregnant, check alternative desired:
1 Pregnancy item to be attached to Benefit Certificate
1 Pay extra contribution of P5.00 per P1,000 of amount of insurance for one year
d. Have you ever had tumor or disease of the breast, uterus or ovary? If so, pls. give details. _____

DECLARATION AND AGREEMENT:

- I declare and agree:
a. That I have read this part 2 of my application in its entirety and I fully understand its contents, and that each and every statement and answer made by me is true, to the best of my knowledge and belief.
b. That if acquire by KC Fraternal, I will promptly submit to one or more medical examinations in connection with this application.
c. That I waive, unless prohibited by law, on behalf of myself and my beneficiary or beneficiaries, the privileges and benefits of any and all laws in the Philippines, which are now in force or which may in the future be enacted disqualifying any physician, nurse or other attendant from testifying in any action, suit or proceedings as to any facts learned in the course of their professional employment, I consent, unless prohibited by law, that any physician, nurse or other attendant may testify as to such facts in any action, suit or proceedings, as fully and freely as though such law had not been enacted.
d. That failure to act or delay in action, or failure to give or a delay in giving to me notice of any action upon this application, shall not create any liability on the part of KC Fraternal

Applicant's Signature over printed name: _____
Signed this _____ day of _____

FCS CONFIDENTIAL REPORT ON APPLICANT:

1. a. How long have you known the Applicant Payor/Owner and the Proposed Scholar? If yes, state relationship _____
b. Are you related to the Applicant Payor/Owner and the Proposed Scholar? If yes, state relationship _____
2. a. What is the Applicant Payor/Owner's approximate worth? _____
b. His gross yearly income? _____
3. His other sources of income, if there are any: _____
4. Do you know any information concerning the Applicant's habits, finances, marital status, involvement in politics, legal cases, etc.? If so pls. give details. _____
5. Additional remarks: _____

I certify that I have read each question in Part 2 to the Applicant, that his answers are recorded exactly as given, that my Confidentiality Pledge has been made to the best of my knowledge and belief, and that I have not withholding any information that may be adverse to this application.
Clerk: _____ Date _____
Fraternal Councilor's Signature over printed name: _____