



**Knights of Columbus Fraternal
Association of the Philippines, Inc. (KCFAPI)**
Established in 1958



NAME: _____

BIRTH DATE: _____

DRUG QUESTIONNAIRE

To be completed by the Applicant

1. Have you ever used any of the following other than for treatment of a medical condition under proper medical supervision? YES / NO

Dates
From To

- (a) Opiates, eg heroin, methadone, morphine, etc.?
- (b) Barbiturates, eg amytal, tuinal, etc.?
- (c) Sedatives, eg heminevrin, etc?
- (d) Amphetamines, eg benzedrine, bexedrine, etc.?
- (e) Cocaine ?
- (f) Hallucinogens, eg LSD, etc.?
- (g) Cannabis, eg marijuana, hashish, etc.?
- (h) Solvents, eg glue, etc.?
- (i) Others ?

2. Please give the name(s) of any doctors attended for supervision/detoxification.

3. Have you suffered from any impairments associated with drug usage, eg hepatitis B, mental illness, etc.?

I have read the above statement and answers and they are complete and true to the best of my knowledge and belief. I understand they will form a part of the application to the KCFAPI, for insurance on my life

Signature over Printed Name

Place and Date Signed