DRUG USE QUESTIONNAIRE

Application number:
Person to be covered:
Date of birth:
Address:

Are you using, or have you used, any of the drugs listed below for any purpose other than the treatment of a medical condition under proper medical supervision?

Tick all that apply.

- ☐ Amphetamines (for example ecstasy, ice, MDA, speed, uppers)
- ☐ Barbiturates (for example downers)
- ☐ Cannabis (for example hashish, marijuana, pot, weed, catnip)
- ☐ Cocaine (for example coke, crack, snow)
- ☐ Hallucinogens (for example acid, angel dust, haze, LSD, microdots)
- ☐ Opiates (for example codeine, heroin, methadone, morphine, opium, smack)
- ☐ Sedatives (for example diazepam, downers, nitrazepam, tranks)
- ☐ Solvents (for example aerosols, glue)
- ☐ Anabolic steroids (for example Anadrol, Deca Durabolin, Sustanon)
- ☐ Others

If you have ticked any of the boxes above, please tell us the name of the drug, how often you used/use the drug, in what quantity you took/take the drug and the dates you started and stopped using it.

Have you ever seen a doctor for drug use or detoxification?

☐ No

☐ Yes

Please give details including the name of the doctor and the dates when you saw the doctor.

Have you suffered from any medical conditions associated with drug use?
For example, hepatitis B, hepatitis C, HIV infection or mental illness.

☐ No

☐ Yes

Please give details.

Are you now drug free?

☐ No

☐ Yes

DECLARATION

I declare that:
- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:
- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:
- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: