

**Colonial Life Insurance Company (Trinidad) Limited**  
**29 ST VINCENT STREET**  
**UNDERWRITING DEPARTMENT**

**BLOOD PRESSURE QUESTIONNAIRE**

Supplement to Medical Report - Part 11 of Application

Policy No.

For insurance on the life of

Dated \_\_\_\_\_.

(1) Have you ever received treatment by a physician for High Blood Pressure or are any drugs being self administered to control your Blood Pressure?

\_\_\_\_\_

If **YES**, give details as to date of treatment and type of drug(s).

\_\_\_\_\_

\_\_\_\_\_

(2) Record of present Blood Pressure Reading:-

**1st Examination**

**After 5 Mins.**

**After 10 Mins.**

I hereby certify that the above answers are true and correct and agree that this questionnaire forms part of my application for Insurance to Colonial Life Insurance Company (Trinidad) Limited and is subject to the same terms and conditions agreed to by me.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Medical Examiner*