

## Colonial Life Insurance Company (Trinidad) Limited

### UNDERWRITER'S QUESTIONNAIRE FOR INFANTS AND YOUNG CHILDREN

Name of Child \_\_\_\_\_

Policy No. \_\_\_\_\_

		YES	NO
1	Does the child have any evidence of congenital or genetic abnormality?		
2	Are the parents known to have any genetic abnormality which may later become evident in the child?		
3	Were the usual milestones of early childhood reached at the expected times?		
4	Is the child at present thriving and in good health?		
5	What illnesses has the child had?		
6	Has the child ever been in hospital or referred to a consultant for any reason?		
<b>For children up to age three (3) years</b>			
7	Was the child delivered at full term?		
8	Were there any complications at childbirth?		
9	Birth Weight - _____	Current Weight - _____	
10	Has the normal immunization programme been carried out?		
<b>Please give details on any answer where necessary:</b>			

Signed by \_\_\_\_\_

Date \_\_\_\_\_