

STATEMENT OF DEPENDENT'S HEALTH

8.

Eligible Dependents	Relationship	Date of Birth	Height in/cm	Weight lbs/kg

9. Have any of your dependents received treatment for, or had any medication prescribed for any ailment during the past 12 months? Yes No

10. Have any of your dependents consulted or received treatment from a physician, physiotherapist, masseur, osteopath or chiropractor during the past 12 months? Yes No

If yes, please give details below.

11. Are all of your dependents now in good physical and mental health and free from any physical defect or any symptoms of illness or disease? Yes No

If no, please give details below.

Name of Dependent	Age	Nature of Illness