

APPLICANT'S DRUG QUESTIONNAIRE

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

POLICY #: _____ REFERENCE #: _____

Please answer the following questions. Include as much information as you can. You **do not** need to take this form to a doctor.

1 In the past 10 years, have you used any drugs such as L.S.D., heroin, hash, cocaine (coke), marijuana (pot), uppers, downers, angel dust, or any others not prescribed by a physician? Yes No

If yes, give details:

TYPE	HOW OFTEN USED	DOSAGE OR AMOUNT USED	DATES USED FROM TO

2 Have you ever received treatment for drug use? Yes No

If yes, state name and address of physician or institute giving treatment:

ADDITIONAL INFORMATION:

I declare my answers and statements indicated above have been correctly recorded and to the best of my knowledge and belief, are complete and true.

Date _____ Signature _____