BPI-PHILAM LIFE ASSURANCE CORP.
A subsidiary of Philam Life and an affiliate of BPI

ATTENDING PHYSICIAN'S ASTHMA QUESTIONNAIRE

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please <u>PRINT</u> all answers.

1. How long has the applicant been under your care? _____

2. a. At what age did the applicant's asthma begin? _____
   b. When was the applicant's last attack? _____
   c. How many attacks of asthma has the applicant had in the last 24 months? _____
   d. How many of these attacks have required:
      (a) attendance by a doctor? _____
      (b) admission to a hospital? _____

3. Type of asthma:
   (a) the extrinsic type, uncomplicated or complicated by chronic bronchitis and/or emphysema?
   _____

   (b) the intrinsic type, complicating or complicated by chronic bronchitis and/or emphysema?
   _____

4. What treatment does the Applicant take?
   Please indicate dosage, preparation and frequency of intake (if applied only during attacks or continuously) on the space provided.
   [ ] Corticosteroids
      [ ] Oral (Prednisone, Dexamethasone) _____
      [ ] Inhaler (Budecort, Berotec) _____
      [ ] Intravenous (ACTH) _____
   [ ] Bronchodilators
      [ ] Oral (Salbutamol, Theophylline) _____
      [ ] Inhaler, Nebulizer (Ventolin, Berodual, etc.) _____
   [ ] Other medications _____

5. Treatment for asthma is required:
   [ ] intermittently [ ] continuously

6. During the last two years, has the applicant had any of the following? If yes, please provide the date, result, name and address of the physician or hospital where these were taken.
   A. Chest x-ray _____
   B. Pulmonary Function Test _____

I certify to the truth and correctness of the above information I provided the BPI-PHILAM LIFE ASSURANCE CORPORATION, in my capacity as the Attending Physician of the Applicant. This is made to form basis of his/her application for life insurance to the Company.

Signed at _____ this _____ day of _____,_____.

_____
Name and Signature of Attending Physician
PTR No._____
Address:_____
_____