

COVID-19 (Corona Virus) Exposure Questionnaire

	Applicant's Name:		Identification Number:
Please	answer the following question	s with as much de	tail as possible:
1.			anyone who has been quarantined or who has been If yes, please provide details.
2.	Have you ever been quaranti If yes, please provide dates a Yes	•	ible exposure to Novel Corona Virus (Covid-19)?
3.	•		or rule out, a diagnosis of Novel Corona Virus (Covid-19)? as already been submitted for the Novel Corona Virus
4.	Have you ever tested positive diagnosis. Yes	e for the Novel Cor	rona Virus (Covid-19)? If yes, provide the date of positive
	100	INU	

TRAVEL DECLARATIO A. Please provide your to Country	N ravel patterns over the la City ended future travel plans City	st six (6) months: Date Arrived	Date Departed ths:
A. Please provide your to Country B. Please detail your inte	City ended future travel plans	for the next six (6) mon	ths:
A. Please provide your to Country B. Please detail your inte	City ended future travel plans	for the next six (6) mon	ths:
Country B. Please detail your inte	City ended future travel plans	for the next six (6) mon	ths:
B. Please detail your inte	ended future travel plans	for the next six (6) mon	ths:
•	*		
-	*		
-	*		
-	*		
Are you currently in good	d health?		
Yes	No		
DECLARATION			
any material information I agree that this form will	that may influence the a	ssessment or acceptand plication for insurance (s	, true, and that I have not with ce of this application. s) and that failure to disclose
Signed at	on this da	ayof	
Applicant's Signature			

5.

6.

7.