



# Seizure Questionnaire

(to be completed by the Insured)

**Policy Number:** \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

**1** Have you had, or been told that you had a seizure, convulsion, epilepsy or loss of consciousness? ..... Yes No

If **“Yes”**, please provide details as follows:

- a) Date of onset? (DD/MM/YYYY) \_\_\_\_\_
- b) Diagnosis (Petit or Grand Mal Epilepsy): \_\_\_\_\_
- c) Average number of attacks per year: \_\_\_\_\_
- d) Date of most recent episode? (DD/MM/YYYY) \_\_\_\_\_

**2** Give names and addresses of all doctors and clinics consulted, with dates:

\_\_\_\_\_  
\_\_\_\_\_

**3** Have you had a Skull x-ray, Computer Tomography Scan (CT Scan), Magnetic Resonance Imaging (MRI), Electroencephalograms (EEG) or other special test? ..... Yes No

If **“Yes”**, which test(s) and what were the results? \_\_\_\_\_

\_\_\_\_\_

**4** Was medication or other treatment prescribed? \_\_\_\_\_

**5** Are you currently taking medication or treatment? ..... Yes No

If **“Yes”**, give name of medication or treatment: \_\_\_\_\_

**6** Have you had your drivers licence revoked in relation to your illness? ..... Yes No

Provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7** Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness

™ ivari and the ivari logos are trademarks of ivari Holdings ULC. ivari is licensed to use such marks.