

DRUG USAGE QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____

1A. Are you now using or have you used in the past any of the following drugs:

- | | | | |
|--|------------|-----------|-------------|
| a) Opium derivatives: Heroin, Morphine, Demerol, Methadone,
Codeine or Percodan, Dilaudid | YES | NO | |
| | [Y] | [N] | |
| b) Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal,
Pentobarbital | | | [Y] [N] |
| c) Marijuana: Hashish, Cannabis | | | [Y] [N] |
| d) Amphetamines: Benzedrine, Dexedrine, Methedrine, Preludin | | | [Y] [N] |
| e) Cocaine | | | [Y] [N] |
| f) Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin, PCP | | | [Y] [N] |
| g) Sedatives and Tranquilizers: Librium, Valium, Quaalude,
Dalmane, Placidyl | | | [Y] [N] |

1B. Were any of the above prescribed by a physician? YES NO

If "YES", which? _____

2. If "YES" answers in 1A or 1B, please give details:

TYPE	USUAL QUANTITY	FREQUENCY OF USE	DATE: From - To

3. Except those prescribed by a physician, are you now using or have you used in the past any other drugs not listed in numbers one or two above? YES NO

If "YES", explain: _____

4. Have you ever sought medical treatment because of drug use? YES NO

If "YES", state dates and names of doctors and institutions consulted:

5. Please indicate any additional relevant information: _____

I certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded, and I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

Date

Witness

Signature of Proposed Insured