



## COVID-19 (Corona Virus) Exposure Questionnaire

Applicant's Name:	Policy Number:

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with Novel Corona Virus (Covid-19)? If yes, please provide details.

Yes  No

---

---

---

2. Have you ever been quarantined due to a possible exposure to Novel Corona Virus (Covid-19)? If yes, please provide dates and locations.

Yes  No

---

---

---

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of Novel Corona Virus (Covid-19)? Or, are you awaiting the result of a test which has already been submitted for the Novel Corona Virus (Covid-19)?

Yes  No

---

---

---

4. Have you ever tested positive for the Novel Corona Virus (Covid-19)? If yes, provide the date of positive diagnosis.

Yes  No

---

---

5. Have you experienced any of the following symptoms within the last six (6) months?
- Any Fever
  - Cough
  - Shortness of Breath
  - Malaise (flu-like tiredness)
  - Rhinorrhea (mucus discharge from the nose)
  - Sore throat
  - Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea.

If yes, to any of these, please indicate which and provide full information

---



---

6. **TRAVEL DECLARATION**

A. Please provide your travel patterns over the last six (6) months:

Country	City	Date Arrived	Date Departed

B. Please detail your intended future travel plans for the next six (6) months:

Country	City	Date Arrival	Intended Duration

7. Are you currently in good health?

Yes  No

**DECLARATION**

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance (s) and that failure to disclose any material fact known to me may invalidate my insurance (s).

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature