RBC Royal Bank

Travellers age 60 and over

Certificate No:

Section 1

1	Have you **EVER** been diagnosed with, taken or been prescribed medication for **ANY** 2 of the following: diabetes, stroke, **ANY** heart condition?	No ☐	Yes ☐
2	Was your **FIRST** heart bypass surgery more than **10 YEARS** ago? (If you have never had heart bypass surgery **OR** you had heart bypass surgery less than **10 YEARS** ago, answer **NO.**)	No ☐	Yes ☐
3	In the last **12 MONTHS**, have you experienced new or more severe symptoms or been hospitalized or had a change in medication for **ANY** heart condition? (Change in medication means a start, stop, increase or decrease in the dosage or frequency you take of **ANY** medication.)	No ☐	Yes ☐
4	In the past **12 MONTHS**, have you used or been prescribed home oxygen for **ANY** medical condition?	No ☐	Yes ☐

Section 2

1	In the past **24 MONTHS (2 YEARS)**, have you used **ANY** tobacco product?	No ☐	Yes ☐
2	Was your last regular check-up with a physician more than **18 MONTHS** ago?	No ☐	Yes ☐
3	Are you **CURRENTLY** taking medication or have you been prescribed medication to treat or prevent high blood pressure?	No ☐	Yes ☐
4	Have you **EVER** been diagnosed with or taken or been prescribed medication for **ANY** heart condition? (Does not include extra beats or palpitations for which you have not taken medication or received treatment.)	No ☐	Yes ☐
5	In the past **12 MONTHS**, have you taken or been prescribed prednisone or other oral steroids for more than **7 DAYS OR** been admitted to a hospital for **ANY** lung condition?	No ☐	Yes ☐
6	In the past **12 MONTHS**, have you had **ANY** lung condition that required more than **10 DAYS** of treatment with antibiotics or puffers/inhaled medications? (If you had to take antibiotics more than once **OR** are prescribed puffers/inhaled medications on an ongoing basis to prevent and/or treat **ANY** lung condition, you must answer **YES** to this question.)	No ☐	Yes ☐
7	At **ANY** time during the last **12 MONTHS**, have you been diagnosed with or have you taken or been prescribed medication or received treatment for:		
	a) a stroke or mini stroke (TIA or transient ischemic attack)	No ☐	Yes ☐
	b) diabetes	No ☐	Yes ☐
	c) liver disorder	No ☐	Yes ☐
	d) kidney or renal failure	No ☐	Yes ☐
	e) peripheral vascular disease	No ☐	Yes ☐
	f) gastrointestinal bleeding, Crohn's disease, ulcerative colitis and/or obstruction of the bowel (excluding hemorrhoids)	No ☐	Yes ☐
	g) cancer (except basal cell and squamous cell skin cancer)	No ☐	Yes ☐
	h) arthritis and/or osteoporosis (if you do not take prescription medication for these conditions, you can answer **NO.**)	No ☐	Yes ☐

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