

**PERSONAL INJURY
STATEMENT OF PRIOR MEDICAL HISTORY**

1. Previous Accidents? Yes No If YES please explain in detail.

2. Any workman's comp/claims? Yes No If YES please explain in detail.

3. Any prior serious injuries/
illnesses? Yes No If YES please explain in detail.

4. Previous operations? Yes No. If YES list dates and types of surgery.

5. Were you taking any medications
at the time of the accident. Yes No If YES please explain in detail.

6. Had you had any alcoholic
beverages or drugs within 12
hours of your accident? Yes No If YES please explain in detail when, where, type and
how much and if any Breathalyzer or blood tests
were administered and the results.

7. Were you under a doctor's care
at the time of the accident? Yes No If Yes, please explain in detail.

Remarks:

Name(s) of your doctor(s) with whom the company is authorized to communicate:

Address(es):

Date: _____

Signature