

# MEDICAL SERVICES SASKATOON INCORPORATED

## MEDICAL HISTORY

Form 5A

NAME Miss Ruth V. TASTAD ADDRESS Box 78 Strongfield  
(surname) (Christian names)

If a Dependent, dependent of Mr. Rube A. Tastad Relationship wife  
All questions must be fully answered. Do not use check or ditto marks.

1. (a) Married, single, divorced or widow (er) \_\_\_\_\_ (b) Sex \_\_\_\_\_  
(c) Date of birth April 27-1913 (d) Place of birth Alberta  
(e) Height 5' 2 1/2" (f) Weight 130 (g) Change in weight past year none

2. (a) Exact occupation Housewife  
(b) Have you ever changed or been advised to change, your residence or occupation on account of your health? If so, give particulars.

3. Have you ever had, or been told that you have had, rheumatism, rheumatic fever, neuritis, arthritis, sciatica, epilepsy, appendicitis, diabetes, any kidney disease, prostate disease, disease of the brain or nervous system, heart disease, goitre, disease of lungs, disease of gall-bladder or liver, disease of stomach or bowels, cancer, venereal disease, rectal diseases, disease of ears or eyes, hernia, varicose veins, sinusitis, asthma or hay fever, mental diseases, physical deformities? Give full details and dates.

Had gastric ulcers in 1941, put on diet by Dr. Herman Davidson, cured has no ill effect.

4. Give full particulars of all illnesses, operations, accidents, injuries, disabilities and any medical examination you may have had, including questions answered "yes" in Section 3 above.

Illness	Disability or Operation	Date and Duration	Result	Name and Address of Physician
<u>Tonsils and adenoids</u>	<u>removed</u>	<u>about 1924</u>	<u>good</u>	<u>Dr. Bakus Red Deer Alta</u>

5. Have you ever been immunized against:  
(a) Diphtheria? yes (b) Scarlet Fever? yes (c) Whooping Cough? yes  
(d) Small-Pox? yes (e) Tetanus? yes (f) Typhoid Fever? yes

6. Have you had an application declined, postponed or policy offered with lien or extra premium for life, accident or health insurance? no

7. Are you now, or have you been, a member of any health and accident association? Particulars and dates. yes

8. Questions for women only:

(a) Is menstruation (1) Prolonged no (2) Painful no (3) Excessive no

(b) Have you ever had any diseases peculiar to your sex? no

(c) If married (1) How many children? 2

(2) Any miscarriages? no

(d) Are you past the change of life? no

(e) Are you going through the change of life? no

(f) If so are you now receiving or expecting treatment in this regard? no

9. I, the undersigned subscriber, for myself and/or the dependent or dependents mentioned above, declare that the recorded answers to the questions asked in this application are full, complete and true, and I agree that this application and the facts set out constitute the basis of the contract with Medical Services Saskatoon Incorporated. I authorize any physician or other person who has attended or examined me or the said dependent or dependents or who may hereafter do so, to give such information relative thereto as may be required by Medical Services Incorporated and waive for myself and dependents the provisions of any law or regulation restricting the giving of such information.

Dated the 7 day of November 1946

Witness J. Palmer

Ruth V. Tastad