

HEPATITIS QUESTIONNAIRE

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. What type of Hepatitis do you have?
2. When were you first diagnosed with Hepatitis?
3. What were your first symptoms?
Details: _____
4. What tests have been done for the Hepatitis to be diagnosed?
Details: _____
5. What were the results of your last Liver Function Test?
6. When was the last liver biopsy done for Hepatitis?
Results: _____
7. Have you ever had any blood transfusions? Yes No
Details: _____
8. Is the Hepatitis due to drug or alcohol use? Yes No
Details: _____
9. Have you ever lost time from work due to the Hepatitis? Yes No
Details: _____
10. Are you on any medications(s)? Yes No
Name(s) and dosage(s): _____
11. Name, address & phone number of your physician(s) and date last consulted: _____

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____