

HEALTH SCREENING QUESTIONS

1. EXACT HEIGHT _____ WEIGHT _____
2. ANY NICOTINE USE IN LAST 3 YEARS? _____ PLEASE SPECIFY _____
ANY CURRENT NICOTINE USE? _____ PLEASE SPECIFY _____
3. MEDICATIONS & REASONS:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
4. PAST OR PRESENT SERIOUS DISEASE OR ILLNESS?
 1. What's the most serious? _____
 2. What's the next serious? _____
 3. What's the next serious? _____
5. Describe driving record in last 5 years _____
6. AVOCATION ISSUES? Pilot license, scuba, racing, skydiving?
7. FAMILY HISTORY — Has there been a parent or sibling death prior to age 60 due to cancer, cardiovascular disease or cerebrovascular disease? _____

Client Name _____ dob _____ Agent _____