

Fax to: Underwriting Solutions (760) 435-9703
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Hepatitis Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of Hepatitis diagnosed? Hepatitis A, Hepatitis B, Hepatitis C, Other Hepatitis, _____

specify: _____

2. Diagnosed with cirrhosis or liver cancer? No Yes- details: _____

3. Results of your most recent liver function tests: _____

AST/SGOT: _____ Date: _____ ALT/SGPT: _____ Date: _____ GGTP: _____ Date: _____

4. Have liver function results: Increased Decreased Fluctuated Stable _____

5. Treatment for Hepatitis: None Interferon – Dates _____ Other: _____

6. Please indicate all liver follow up studies that apply:

Hepatitis A, B, C- Date: _____ Normal Positive

Iron studies- Date: _____ Normal Abnormal

Liver ultrasound or CT scan- Date: _____ Normal Abnormal

Liver biopsy- Date: _____ Normal Abnormal

RNA test- Date: _____ Normal Abnormal, include amount if known:

7. How much alcohol do you currently drink? None, Occasional social drink, 1 to 2 drinks per day, 3 to 4 drinks per day, 5 or more drinks per day, Weekend excess drinking.

8. Any driving while intoxicated violation or reckless driving No Yes - Dates: _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004.

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