

**MEDICAL REPORT**  
(PLEASE TYPE OR PRINT CLEARLY)

Policy Number \_\_\_\_\_

Agent's Number \_\_\_\_\_

Applicant	Date of Birth	Height	Weight	Blood Pressure
_____	_____	_____	_____	_____

1. Is any applicant being treated for any of the following:
- |                  |                |                                   |
|------------------|----------------|-----------------------------------|
| Alcoholism _____ | Epilepsy _____ | Tumor _____                       |
| Back _____       | Heart _____    | Dismemberment _____               |
| Cancer _____     | Kidney _____   | Narcotic Addiction _____          |
| Dementia _____   | Leukemia _____ | Parkinson's Disease _____         |
| Diabetes _____   | Liver _____    | Hypertension or _____             |
| Emphysema _____  | Lungs _____    | Blood Pressure/Irregularity _____ |

2. If yes, describe extent of conditions. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. If diabetic, date of last hemoglobin A1C test? \_\_\_\_\_ Percentage \_\_\_\_\_ %

4. Has any applicant been treated for **any illness** in the past 5 years? \_\_\_\_\_  
 If yes, describe illness and treatment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If currently on medication, name of medication and dosage required. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Indicate any side effects or reactions from the medications listed above. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has any applicant suffered any fainting or black-out spells? \_\_\_\_\_  
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Has any applicant suffered mental or emotional problems? \_\_\_\_\_  
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(over)

9. Does any applicant have vision problems which are not corrected to 20/20 in either eye?

If yes, describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please indicate attending physician's name:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Insured's Signature \_\_\_\_\_

Address \_\_\_\_\_

Ph.# \_\_\_\_\_ Date \_\_\_\_\_