

HEPATITIS QUESTIONNAIRE

Proposed Insured's Name:

DOB:

Sex: M F

Tobacco Use: Yes No Amount:

Height: Ft. In. Weight: *

Broker's Name:

Face Amount:

BGA:

Phone:

Fax:

Proposed Insured please answer the following:

1. What type of Hepatitis do you have?
2. When were you first diagnosed with the Hepatitis?
3. What were your first symptoms?
4. What tests have been done for the Hepatitis to be diagnosed?
5. What were the results of your last Liver Function Test?
6. When was the last liver biopsy done for Hepatitis?
(Need copy of lab tests and liver biopsy)
7. Have you ever had any blood transfusions? No Yes, Date:
Details:
8. Is the Hepatitis due to drug or alcohol use? No Yes
(If yes, please complete the appropriate questionnaire(s).)
9. Have you ever lost time from work due to the Hepatitis? No Yes
Details:
10. Are you on any medication(s)? No Yes, Name(s) and dosage(s):
11. Date you last consulted your physician:
12. Name and address of your physician(s):

13. Has case been shopped elsewhere, if so where & when?

14. Client's occupation

Date: _____ Proposed Insured's Signature: _____