

MEDICAL HISTORY QUESTIONNAIRE: HEPATITIS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never

Former Date Stopped: _____

Current Type: _____

Coverage Information:

Type: Term UL IUL

WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of diagnosis: _____

2. What type of hepatitis? A B C

3. Was the hepatitis due to: Hep A Hep C (non-A/non-B) Hep B, acute
 Hep B, carrier/chronic Other: _____

4. Please give the date and results of the most recent liver enzyme tests:

AST/SGOT Date: _____ Result: _____

ALT/SGPT Date: _____ Result: _____

GGTP Date: _____ Result: _____



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5. Does the client drink alcohol?

No Yes, include details: _____

6. Please check if any of the following studies have been completed:

Liver ultrasound or CT Normal Abnormal

Liver biopsy Normal Abnormal

Fibrosure blood test Normal Abnormal

If fibrosure test/biopsy was abnormal, indicate fibrosis stage below:

F0 F1 F2 F3 F4

No further evaluation

7. Has the client been diagnosed with any of the following: Cirrhosis Chronic hepatitis

8. Was there any treatment done? No Yes; include details: _____

9. Treatment start and end dates: _____

10. Was the treatment successful in eliminating the virus? No Yes

11. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

12. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____



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