

# MEDICAL HISTORY QUESTIONNAIRE: SKIN CANCER

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 cancer was diagnosed?  Basal Cell Carcinoma  Squamous Cell Carcinoma

Malignant Melanoma

3. For malignant melanoma only, what stage was the cancer?

Clark I/in situ  Clark II/Breslow < 0.75mm  Clark III/Breslow .75 - 1.5mm

Clark IV/Breslow 1.51 - 4mm  Clark V/Breslow >4.00mm

4. Where was the skin cancer located? \_\_\_\_\_



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5. Has the cancer metastasized (spread) beyond the skin? No Yes

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

6. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

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

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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