

MEDICAL HISTORY QUESTIONNAIRE: TESTICULAR 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 was the type of testicular cancer? Seminoma Non-seminoma

3. What stage was the cancer? I II III

4. How was the cancer treated? (check all that apply)

Surgery Chemotherapy Radiation therapy

5. Date treatment was completed: _____

6. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____



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7. Please give the date and result of the most recent AFP or HGC test: _____

8. Is there a family history of cancer? No Yes

If yes, please provide details: _____

9. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

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

If yes, please provide details: _____



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