

TUBERCULOSIS QUESTIONNAIRE

Rohrer & Associates

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. Please list date of first diagnosis:
Relapse date, if any: _____

2. Please note the site of tuberculosis present (please circle all that apply):
 lung nervous system
 bone kidney
 liver other (state site): _____

3. What treatment was given? Yes No
Details: _____

4. Is your client on any other medications? Yes No
Details: _____

5. Please circle if your client has had:
 hospitalizations for this disorder - List date(s): _____
 surgery for this disorder - List date(s): _____

6. Have pulmonary function tests (a breathing test) ever been done? Yes No
If yes, please give most recent test results: _____

7. Has your client smoked cigarettes in the last 12 months? Yes No

8. Does your client have any other major health problems (i.e. heart disease, etc.)? Yes No
Details: _____

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____