Underwriting questionnaire Human Immunodeficiency Virus (HIV)

Please answer all questions	applicable to the client	's medical history.						
Producer Name		_ Phone	Phone					
Client Name		Date of Birth		State of Sale				
Male Female	Face Amount		Max Premium \$	/yr.				
□ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No								
Frequency		Date of last use		Туре				
Date of diagnosis	Date Antireti	oviral Therapy (ART) st	arted	History of resistance to	ART □Yes □No			
Lapses or delays in ART since starting therapy \Box Yes \Box No Continuous monitoring with physician \Box Yes \Box No								
Viral load undetectable Yes No How long has viral load been undetectable								
Date of most recent viral load test								
Has the client had CD4 T-lymphocyte (CD4) count of 350 cells/mm^3 or higher for at least two years including a current CD4 count? 🛛 Yes 🔤 No								
Most recent CD4 count	Date	e of most recent CD4 c	ount					
Any history of co-infections (e.g., Hepatitis B or C, Mycobacterium tuberculosis) 🗌 Yes 🔲 No If yes, please explain								

Any co-morbid conditions (e.g., diabetes or coronary artery disease) Yes No If yes, please explain

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List all medications including those used in treatment

Na	me of Medication (prescription or otherwise)	Date Started	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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