Underwriting Questionnaire **Hepatitis**

Please answer all questions applicable to the client's medical history.

Producer Name			Phone	[Date			
Client Name			Date of Birth					
□ Male □ Female Face Amount			Max Premium \$		/yr.			
□ Term □ Perma	anent Has t	he client ever used	l any form of tobac	co (cigarettes, cigar	s, pipe, snuff, etc.)? □Yes □No		
Frequency D			ate of last use		Туре	_ Туре		
Date of diagnosis_								
How was the clien	t infected?		Current s	ymptoms				
The hepatitis has been diagnosed as Image: Chronic Persistent Hepatitis B Unresolved Image: Chronic Active Hepatitis B Unresolved Image: Chronic Persistent Hepatitis B Unresolved Image: Chronic Persistent Hepatitis C Image: Chronic Active Hepatitis C Image: Chronic Persistent Hepatitis C Image: Chronic Active Hepatitis C Image: Chronic Persistent Hepatitis C Image: Chronic Active Hepatitis C Image: Content Hepatitis C Image: Chronic Active Hepatitis C								
Most current liver e	enzyme levels							
Date	GGTP	ALT/SGPT	AST/SGOT	HBV RIBA	Anti HCV	HCV Viral Load	HB Viral Load	
Which studies have been done to diagnose/treat the condition Liver ultrasound Date OCT scan Date MRI Date Biopsy Date Studies recommended/pending Normal Has the client been treated for hepatitis? Yes If treated, Begin date End date								
List all medications including those used in treatment								
or otherwise)		Dates	Dates Used		Quantity Taken		Frequency Taken	

List any other major health problems the client has:

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