Underwriting Questionnaire **Sarcoidosis**



Producer Name	Phone	Date	2	-
Client Name	Date of Birth		_	
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.	
\square Term \square Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \square Yes \square No				
Frequency	Date of last use		Type	
Date of diagnosis How diagnosed (e.g. x-ray)				
Was the condition staged ☐Yes ☐No If yes, select appropriate stage ☐Stage I ☐Stage II ☐Stage III				
Describe current symptoms				
Treatment Date				ate
Has there been any organ involvement ☐Yes ☐Lung ☐Lymph nodes ☐Kidney ☐Other	□Eyes I	□Heart □Liver		entral nervous system
Any recurrence Yes No If yes, provide date(s)				
Select degree of obstruction on most recent puln Normal Mild	nonary function testing: loderate			
Name of Medication (prescription or other	wise) Dates	Used Quan	tity Taken	Frequency Taken

List any other major health problems the client has:

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