Underwriting Specialists, Inc.
PO Box 409, Ft. Washington, PA 19034-0409

APPLICANT'S CHEST PAIN QUESTIONNAIRE

Attached to and made part of my inquiry for insurance.

Name_____

Instructions: Please give details of all "Yes" answers, including dates, duration, results, doctors' names and addresses.

	Yes	No
1. Have you ever had:		
a) Chest Pain……..		
b) Palpitation? Skipping of heart"……..		
c) Shortness of breath?……...		
d) High blood pressure?…….		
e) Fainting spells, dizziness or passed out with or without chest pain?……		
2. If pain was experienced in chest, did it involve:		
a) Middle of chest?…….		
b) Left side of chest?……..		
c) Left shoulder, arm or hand?……...		
d) Both shoulders or arms?…….		
e) Sense of pressure or constriction?……..…		
f) Sweating?……...		
g) Was it associated with: Exertion? Exercise?……...		
Excitement? Strain?……...		
Emergency medical care?……..		
h) Upper part of stomach (like indigestion or heartburn)?…….		

3. If "Yes" answers, please report:
   a) Approximate date first attack?_____
   b) Date of last attack?_____
   c) How frequent: Per day, week or month?_____
   d) Duration of average attack?_____
   e) Were you hospitalized? How long?_____

APPLICANT'S CHEST PAIN QUESTIONNAIRE (cont'd)

f) Were you confined at home? How long?_____

g) How long convalescent?_____

h) Date of return to work? Restrictions_____

i) How many hours do you work daily?_____

j) How often do you report to attending physician?_____

4. Please give names and addresses of all your attending physicians:

_____

_____

_____

_____

5. List all medicines you are now taking or use occasionally: (Include dose and frequency of use. Over the counter products should also be listed.)

_____

_____

_____

_____

6. What diagnosis was made concerning your heart condition?

_____

_____

_____

_____

I represent that all my answers and statements are complete and true and correctly recorded before being signed below.

Signed at_____ this _____ day of _____, year _____

_____ _____

Witness Proposed Insured