

CANCER—SKIN CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$_____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(1) *Exact name of the cancer:* _____

(2) *Date of diagnosis:* _____ *b) Date of last treatment:* _____

(3) *How has the cancer been treated?*

Surgery - Date(s): _____ Other: _____

(4) *What was the Clark Level of the cancer (malignant melanoma only)?*

I (1) II (2) III (3) IV (4) V (5)

(5) *What was the Breslow Scale of the cancer (malignant melanoma only)?*

In-situ 0.74 mm or less 0.75 mm to 1.50 mm 1.51 mm to 4.00 mm 4.01 mm plus

(6) *Was any other Grade assigned to the cancer? If yes, please indicate what Grade was assigned:*

I (1) II (2) III (3) IV (4)

(7) *Has there been any evidence of recurrence?*

No Yes Details: _____

(8) *Does the proposed insured take any medications at this time?*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(9) *Does the proposed insured have any other medical conditions? If yes, please describe:*
