

CANCER—TESTICULAR 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) *Date of first diagnosis:* _____

(2) *Date of last treatment:* _____

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

(4) *Stage of the cancer:*

I II III IV or A B C

(5) *How was the cancer treated? Please check all that apply:*

Surgery Radiation Chemotherapy Other: _____

(6) *Is the proposed insured currently taking any medications? If yes:*

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

(7) *How often does the proposed insured have a cancer screen to detect possible recurrence?*

Every 3 months Every 6 months Yearly Every 2 Years Every 5 years

(8) *Has there been any evidence of recurrence? If yes, please provide details:* _____

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