



Tuberculosis Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. When was the proposed insured diagnosed with tuberculosis? _____

2. What type of tuberculosis was diagnosed? ____Latent tuberculosis ____Active tuberculosis

3. Does the proposed insured experience any of the following symptoms? (Check all that apply)

____ Ongoing cough ____ Fatigue and weight loss ____ Night sweats and fever
____ Rapid heartbeat ____ Swelling in the neck ____ Shortness of breath and chest pain

4. How was the proposed insured treated for tuberculosis?

Treatment: _____ Dates: _____

Treatment: _____ Dates: _____

Treatment: _____ Dates: _____

5. Is the proposed currently insured taking any medication for this condition or any other?

(If yes, please provide name, dosage, and frequency)

