

PIVOTAL DATA

Life Insurance Application

Patient Identification No.

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Name _____

Hire Date (dd-mmm-yy) ____ - ____ - ____

Please mark each question and be sure to initial and date all corrections

HEALTH ASSESSMENT
CONSENT OBTAINED:

Written Oral

Date obtained (dd-MMM-yy) ____ - ____ - ____

<p>SEX</p> <p><input type="checkbox"/> (1) Male</p> <p><input type="checkbox"/> (2) Female</p>	<p>DATE OF BIRTH</p> <p>____ - ____ - ____ (dd-MMM-yy)</p>	<p>AGE</p> <p>____ years</p>	<p>HEIGHT</p> <p>____ <input type="checkbox"/> in. <input type="checkbox"/> cm.</p>	<p>WEIGHT</p> <p>____ <input type="checkbox"/> lb. <input type="checkbox"/> kg.</p>
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IS THE SUBJECT CURRENTLY INSURED? (1) Yes (2) No

If Yes, Kind of coverage? (1) Private (2) Public (3) Other

Please attach copy of insurance card to application

PRE-EXISTING CONDITIONS: (1) Yes (2) No

If Yes, specify:

SMOKING:

(1) NEVER SMOKED (2) SMOKER (3) EX-SMOKER

ALCOHOL CONSUMPTION:

Does the subject drink alcohol? Yes No

If YES, specify amount and type of alcohol consumed per week:

Beer ounces/week Wine ounces/week Liquor, Spirits ounces/week

INITIAL SCREENING:

Accept Reject Further Review

*NOTE: Obtain ideal body weight from the Metropolitan Life Insurance Table using the mid-point of the medium frame weights (Appendix 1, protocol). Percent of ideal body weight is calculated as current weight divided by ideal body weight multiplied by 100. Body weight must be within 80-130% of the ideal body weight for inclusion into the study.