Underwriting Questionnaire Hemochromatosis			
Phone	Date	_	
Date of Birth			
Max Premi	um \$ /yr.		
ed any form of tobacco (cigaret	tes, cigars, pipe, snuff, etc.)	? □Yes □No	
te of last use	Туре		
□Heart □P	ituitary		
Was a liver biopsy or ultrasou	nd done? □Yes □No I	f yes, provide a copy	
el AST	ALT		
Dates Used	Quantity Taken	Frequency Taken	
	Phone Date of Birth Max Premi ed any form of tobacco (cigarett te of last use HeartP Was a liver biopsy or ultrasou el AST	Phone Date   Date of Birth   Max Premium \$ /yr.   ed any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)   te of last use Type   Heart Pituitary   Was a liver biopsy or ultrasound done?YesNo   el AST ALT	Phone Date Date   Date of Birth    Max Premium \$

List any other major health problems the client has:



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