



Reiter's Syndrome 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 Reiter's Syndrome?

2. What symptoms does the proposed insured experience? (Check all that apply)

___Fever ___Weight Loss ___Skin Rash ___Inflammation ___Sores ___Pain

3. What body systems are currently, or have been in the past, effected?

___Joints ___Eyes ___Urinary Tract ___Skin

4. How has the proposed insured been treated for this condition?

___Eye Drops ___Joint Protection

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

___Yes ___No

(If yes, please provide names, dosage and frequency):
