



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)

