

Foreign Travel

Questionnaire



Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. UL WL Term Survivorship

Does the client currently smoke cigarettes Yes No If no, did he/she ever smoke? Never Quit (date) _____

Does the client currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum, etc.) Yes No

If yes, please provide details: _____

When did he/she last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

CLIENT			
Occupation		Company	
Income		Location of work and duties	
Citizenship			
US Visa type and expiration			
Current residence			
Primary residence			
Location of primary care physician			

TRAVEL: PRIOR 12 MONTHS (list all travel)			
City/Country	Reason	Number of Trips/Dates	Total Days

TRAVEL: NEXT 12 MONTHS (list all travel)			
City/Country	Reason	Number of Trips/Dates	Total Days

List any other major health problems the client has (e.g. cancer, etc.). Also list current medications.

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