



HERMANN SONS LIFE

Hypertension Questionnaire

Name _____ Date of birth _____

1. When was hypertension diagnosed? _____

2. Have you received treatment or been prescribed medication of any kind? Yes No
(if yes, please provide details including name of all medications and dosages)

3. How long have you been on this treatment? _____

4. Do you have any history of heart or circulatory problems? Yes No (If yes, provide details)

5. Have you ever been hospitalized for high blood pressure or circulatory problems? Yes No (If yes, provide details)

6. Do you monitor your blood pressure at home? Yes No

7. Please list your last 3 to 4 blood pressure readings and the dates.

8. What is your current height and weight? _____

9. What was your weight one year ago? _____

10. Please list the doctor's name, address, and phone number that treats you for high blood pressure:

11. Please provide any additional information you feel is important concerning your hypertension history:

I understand that this declaration will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

Signature of the Proposed Insured or Guardian

Date