KANSAS CITY LIFE INSURANCE COMPANY

Part 2-Paramedical Exam
Application for Life Insurance

Name in full. (Please print) | Date of birth | Place of birth

	YES	NO
1) Do you take prescription medicine?		
2) Have you used any form of nicotine/tobacco in the last 5 years? If yes, provide date of last use_____		
3) Have you ever used or received treatment or counseling for the use of marijuana, heroin, cocaine, amphetamines, barbiturates, hallucinogenic agents or opium or its derivatives?		
4) Have you sought advice, been treated or arrested for the use of alcohol?		
During the last 10 years have you been diagnosed, treated or been given advice by any member of the medical profession for:		
5) Depression, anxiety, bipolar disorder, epilepsy, seizures, TIA, stroke, paralysis or any other disorder of the brain or nervous system?		
6) High blood pressure, heart murmur, chest pain or pressure, heart attack, palpitations, aneurysm or any other cardiovascular disorder?		
7) Anemia, leukemia or any other blood disorder?		
8) Tumor or cancer?		
9) Diabetes, elevated blood sugar, sugar in urine, thyroid or glandular trouble or any other disorder of the endocrine system?		
10) Asthma, COPD, emphysema, sleep apnea, tuberculosis or any other disorder of the lungs or respiratory system?		
11) Ulcer, polyps, colitis, Crohn's disease or any other disorder of the digestive system?		
12) Cirrhosis, hepatitis or any other disorder of the liver?		
13) Protein or blood in urine or any other disorder of the bladder or kidneys?		
14) Arthritis, deformity, or any injury to or disorder of the bones, joints, muscles, back, neck or spine?		
15) Any disorder of the breasts, reproductive organs or prostate?		
16) Menstruation or pregnancy?		
17) Are you currently pregnant? If yes, provide due date:_____		
Have you ever been diagnosed or treated for:		
18) A sexually transmitted disease?		
19) Acquired Immune Deficiency Syndrome (AIDS), "AIDS" Related Complex (ARC) or tested HIV positive?		
20) Have you received testing or consulted a physician for any reason other than what you have already stated?		
21) Any immediate family history of diabetes, cancer, heart or kidney disease, or stroke? If yes, indicate below		

*Provide details to all **Yes** answers. Identify question; specify conditions, severity, dates, duration, after-effects, weight gain or loss, and names and addresses of all attending physicians and medical facilities.

Relationship	Age if Living	Family History or Cause of Death	Age at Diagnosis	Age at Death
Father				
Mother				
Brothers and Sisters				

22) Names and addresses of personal or family physicians (If none, indicate none)

23) Date and reason last consulted | Clinic or VA Claim Number

AGREEMENTS AND SIGNATURES **It is understood and agreed** that all the statements and answers to the above questions are **true and complete** to the best of my knowledge and belief. I agree that they **will** form a part of the contract of insurance applied for.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Dated at_____ this_____ day of_____, 20_____

Witness: _____ Examiner

_____ Proposed Insured's Signature

A177-OH

PARAMEDICAL DATA

Name_____ Date of Birth_____

Agency Name_____ Date_____

BASIC EXAMINATION:

Amount of Insurance in force and applied for with Kansas City Life_____

1) Height: Ft._____ In._____

2) Weight: _____lbs
Any weight change during the past 12 months?
Gain_____lbs Loss_____lbs

3) Chest (Full Inspiration):_____

4) Waist:_____

5) Temperature:_____

6) Blood Pressure: 1. Systolic_____ Diastolic_____

2. Systolic_____ Diastolic_____
(Blood pressure in excess of 140 systolic or 90 diastolic requires second reading after 10 minute rest)

7) Pulse:_____ Irregularities per minute (at rest)_____

8) Obvious Abnormalities:_____

9) Urine:

	Yes	No
Albumin.....	☐	☐
Glucose.....	☐	☐
Occult Blood.....	☐	☐

10) Time of last food intake (includes soft drink, coffee, tea, candy or gum)

Specify liquid _____a.m._____p.m.

Specify snack _____a.m._____p.m.

Specify regular meal _____a.m. _____p.m.

EXPANDED EXAMINATION:

11) ☐Electrocardiogram attached

12) ☐Blood Chemistries drawn

13) Time blood chemistries drawn _____a.m. _____p.m.

SIGNATURE

_____

_____ _____

Signature of Technician

Name and address of facility completing this examination