



Royal Neighbors of America
230 16th St., Rock Island, IL 61201
Toll-free (800) 627-4762
A Fraternal Benefit Society

Application Part II - Paramedical Exam Form

The following answers and statements are a continuation of and form a part of my application for life insurance to Royal Neighbors of America.

Name of applicant _____ Date of birth _____

1. Have you lost or gained weight during the past year? ☐ Yes ☐ No If Yes, give details _____

2. Provide date and reason for recent physician or practitioner visit? _____

3. Are your parents or any siblings deceased or ever had heart disease, diabetes, cancer, or mental illness?

☐ Yes ☐ No If Yes, indicate below:

| Parent or Sibling | Current age | Age at death | State of health or cause of death |
|-------------------|-------------|--------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

a. Name, address, phone number of physician/practitioner: _____

b. List all currently prescribed medications: _____

4. Have you ever received counseling or treatment from any physician for, or been convicted for, the use of alcohol or the use and/or possession of drugs? ☐ Yes ☐ No

5. In the past 10 years have you used amphetamines, barbiturates, cocaine, narcotics, marijuana, or other depressant, excitant, or hallucinatory drugs, unless administered on the advice of a physician ☐ Yes ☐ No

6. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

7. Have you ever been diagnosed as having, been treated by a member of the medical profession for, or tested positive for:

a. Heart attack; high blood pressure; stroke; TIA, cerebrovascular disease, or other disorder of the heart or blood vessels? ☐ Yes ☐ No

b. Cancer, tumor, cyst, mass; leukemia; lymph gland; thyroid; anemia or any other blood abnormalities? ☐ Yes ☐ No

c. Diabetes or other endocrine disorder; sugar, albumin, or blood in urine; pancreatitis; disorder of kidney, bladder, or prostate? ☐ Yes ☐ No

d. Asthma; bronchitis; emphysema; pneumonia; tuberculosis; or any other disorder of the lung / respiratory system? ☐ Yes ☐ No

e. Intestinal bleeding; ulcer; hepatitis; or other disorder of throat, stomach, liver, intestine, or gallbladder? ☐ Yes ☐ No

f. Any disease or disorder of the reproductive system or breasts? ☐ Yes ☐ No

g. Brain, mental, or emotional nervous disorder; dementia, Alzheimer's, fainting; epilepsy, seizures, paralysis; depression; anxiety; any other disease or disorder of the nervous system; attempted suicide; or ever been counseled for any of the above? ☐ Yes ☐ No

h. Arthritis; loss of limb, or deformity; disorder of bone, joint, muscle, back, or spine; skin disorder, lupus, connective tissue disorder; or any other disorder of the musculoskeletal system? ☐ Yes ☐ No

8. During the past 5 years, have you:

a. Had any surgery or diagnostic test, such as an electrocardiogram, X-ray, MRI, CT scan, biopsy, or blood study (excluding HIV)? ☐ Yes ☐ No

b. Been advised to have any diagnostic test (excluding HIV), hospitalization, or surgery that has not been completed? ☐ Yes ☐ No

c. Had treatment as an inpatient or outpatient or are you currently confined in a hospital, institution, clinic, or other medical facility? ☐ Yes ☐ No

Give full details including dates and results for any YES answers to questions 4 through 8 (except question 6) above:

| Question # | Name of Physician/Address | Illness Date/Duration | Diagnosis/Severity/Medications/Treatments |
|------------|---------------------------|-----------------------|---|
| | | | |
| | | | |
| | | | |

I hereby state that I am the person named as the applicant. I have read all of the foregoing answers and statements, adopt them as my own, whether written by me or not, and hereby declare that they are complete and true to the best of my knowledge and belief. I hereby agree that all of said answers and statements shall be taken as, and be a part of, my said application and be subject to the agreements therein contained.

Dated at (City and State) _____, this ____ day of _____, 20____

Witnessed by _____ Signature of Applicant _____
(Paramedical Examiner)

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



PARAMEDICAL EXAMINER'S REPORT

NOTE: The answers to all questions on this page must be personally written by the Paramedical Examiner.

Please obtain Royal Neighbors of America's signed NOTICE AND CONSENT FOR HIV-RELATED BLOOD TESTING form if required by state.

1. MEASUREMENTS

a) HEIGHT _____ ft. _____ in. b) WEIGHT _____ lbs.

c) Did you weigh? ☐ YES ☐ NO

d) Did you measure? ☐ YES ☐ NO

2. BLOOD PRESSURE - If systolic reading is over 140 or diastolic is over 90, take and record three readings.

| | 1st Reading | 2nd Reading | 3rd Reading |
|-----------|-------------|-------------|-------------|
| Systolic | | | |
| Diastolic | | | |

3. PULSE (seated)

Rates per minute at rest _____

Irregularities per minute at rest _____

4. How long have you known the applicant? _____

Comments: _____

I certify that I have carefully examined the applicant and that, in my opinion, the foregoing statements and answers on this page are true.

Examiner's Signature _____

Examiner's Address _____

This examination was made on: Date _____ City, State & Zip Code _____

