**Medical History Questionnaire**

Answers to the questions below enable us to prequalify applicants for potential exam and lab-free underwriting, or to determine which insurer will offer the most competitive underwriting.

1. Have you used *any* form of tobacco, nicotine, or marijuana products in the past 3 years, including chewing, cigars, dipping, edibles (brownies, gummies), gum, joints, vaping, pipe, cigarettes, patch, or similar? If yes, please list *each*, including type, frequency, and date last used:
2. Your height:   Weight: Change in past 12 months:
3. What prescription medications are you taking? Which condition does each treat?
4. What medical devices are you using (e.g., [CPAP](https://www.nhlbi.nih.gov/health/cpap) to treat sleep apnea, [pacemaker](https://www.nhlbi.nih.gov/health/pacemakers) or [defibrillator](https://www.nhlbi.nih.gov/health/defibrillators) to regulate heartbeat):
5. Have you been hospitalized, or undergone [outpatient treatment](https://www.merriam-webster.com/dictionary/outpatient), for *any* reason in the past 5 years? If yes, please provide reason, dates, and outcomes:
6. Moving violations / Motor Vehicle Report notes:
7. What sports, [avocations](https://en.wikipedia.org/wiki/Avocation), or private [aviation](https://www.cpsadvantage.com/wp-content/uploads/Aviation-Questionnaire.pdf) do you engage in?
8. Describe [foreign travel](https://www.cpsadvantage.com/wp-content/uploads/Foreign-Travel-Questionnaire.pdf) already booked:
9. Have your mom or dad been diagnosed with, or passed away from, heart disease, cancer, or stroke prior to age 65? If so, who, what happened?  At what age were they diagnosed?  If they passed away, how old were they?
10. Is there anything else you can think of that might impact life insurance underwriting? Please explain, thank you: