

NATIONAL BROKERAGE AGENCY, INC.
BUILD AND BLOOD PRESSURE QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. What was your weight 12 months ago?
2. If you have elevated blood pressure when did you first notice it?
3. Please provide your current blood pressure reading:
4. What have your blood pressure readings been over the last 24 months:
Date: _____ Reading: _____ Date: _____ Reading: _____
Date: _____ Reading: _____ Date: _____ Reading: _____
Date: _____ Reading: _____ Date: _____ Reading: _____
5. Do you know your Cholesterol level? No Yes, level: _____
HDL/Cholesterol ratio: _____
6. Have you been diagnosed with or had any of the following symptoms:
 Chest pain/angina Heart Disease Diabetes Stroke/TIA
 Kidney Disease Proteinuria Aneurysm High Cholesterol
 Pulse Disorder Abnormal EKG
Details: _____
7. Have you had an EKG done within the last 5 years? No Yes, Date: _____
Results: _____
8. Do you exercise regularly? No Yes
Details: _____
9. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
10. Date you last consulted your physician: _____
11. Name and address of your physician(s): _____

This information is confidential return to NBA member only.

Date: _____ Proposed Insured's Signature: _____