

## **Statements to Medical Examiner**

Issued by American National Life Insurance Company of Texas One Moody Piaza, Galveston, TX 77550-7947

Address/Phone:	ge 1 of 4	Mailing Address: PO Box 696700, San Antoni	o, TX 78269-6700 Business (800) 899-68	806 F	-ax (888)	237-1012	
Name, address, and phone number of personal physician (if none, state "none")  Name of doctor:  Address/Phone:  Reason for last visit:  YES NO "Y  A third real attack, high blood pression ("Allogases or any disease or any disease or any disease or interested by a member of the medical profession for the use of alcohol or drugs?  Disease of the prostice or genital system?  Disease of the prostice or genital system?  Disease of the prostice or genital system?  Disease of the prostic	Insure	d's Last					Sex: M F
Name of doctor: Address/Phone:  Reason for last visit:  Reason for pay disease of the last, Altan vale disease or any disease or any other disease.  Reason for pay disease of the bones, muscular dystrophy, or Parkinson's disease. Reason last visit:  Reason for last visit:  Reason for last visit:  Reason for last visit.  Reason for last visit.  Reason for last visit.  Reason for last visi				- L			
Address/Phone: Reason for last visit:  2. Have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession YES NO "Y a) for a heart attack, high blood pressure, chest pain, angina, congestive heart failure, heart murmur, irregular heart beat, heart valve disease or any disease or disorder of the heart or arteries?  b) for a stroke, cerebral vascular accident (CVA), Transient Ischemic Attack (TIA), aneurysm, or peripheral vascular disease (PVD)?  c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy?  d) for diabetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose?  e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (AFC)?  d) Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for  a) Selzures, epilepsy, or convulsions?  b) Multiple Scierosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  d) Arthritis, (fibromyalgia, or any disease of the bones, muscles or joints?  e) Lupus, heumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  j) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  l) Disease of the prostate or genital system?  j) Disease of the sidneys, bladder, urinary tract, protein or blood in the urine?  l) Disease of the brain or nervous system?  l) Been advised by a member of the med		•	, -	,	last se	en:	
2. Have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession  a) for a heart attack, high blood pressure, chest pain, angina, congestive heart faiture, heart murmur, irregular heart beat, heart valve disease or any disease or disorder of the heart or arteries?  b) for a stroke, cerebral vascular accident (CVA), Transient Ischemic Attack (TIA), aneurysm, or peripheral vascular disease (PVD)?  c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy?  d) for diabetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose?  e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?  3. Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for  a) Selzures, epilepsy, or convulsions?  b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  c) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  d) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  d) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the prostate or genital system?  j) Disease of the prostate or genital system?  l) Disease of the brony, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  l) Disease of the prostate or been hospitalized by a member of the medical profession for the use of							113 7000
medical advice by a member of the medical profession  a) for a heart attack, high blood pressure, chest pain, angina, congestive heart failure, heart numrur, irregular heart beat, heart valve disease or any disease or disorder of the heart or arteries?  b) for a stroke, cerebral vascular accident (CVA), Transient Ischemic Attack (TIA), aneurysm, or peripheral vascular disease (PVD)?  c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy?  d) for diabetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose?  e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (AFC)?  Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for  Selzures, epilepsy, or convulsions?  b) Multiple Scierosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  d) Cirhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  d) Arthritis, fibromyalgia, or any disease or disorder of the stomach or intestines?  d) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the prostate or genital system?  j) Disease of the prostate or genital system?  l) Disease of the prostate or genital system?  j) Disease of the prostate or genital system?  l) Disease of the prostate or senital system?  l) Disease of the prostate or senital profession to reduce or discontinue use of alcohol or drugs?  l) Received treatment or counseling by a member of the medical	· radic			ricas	0111011	ast visit	, , , , , , , , , , , , , , , , , , ,
disorder of the heart or arteries?  b) for a stroke, cerebral vascular accident (CVA), Transient Ischemic Attack (TIA), aneurysm, or peripheral vascular disease (PVD)?  c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy?  d) for disbetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose?  e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?  Att past a member of the medical profession for  a) Selzures, epilepsy, or convulsions?  b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  b) Disease of the prostate or genital system?  j) Disease	<b>medi</b> a) for fail	cal advice by a member of the medi a heart attack, high blood pressure, ch ure, heart murmur, irregular heart beat, l	cal profession est pain, angina, congestive heart	t	YES	NO	Give full details below of al "Yes," answers to questions 2 through 11. (IDENTIFY QUESTION NUMBER, CIRCLE
aneurysm, or peripheral vascular disease (PVD)? c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy? d) for diabetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose? e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?  3. Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for a) Selzures, epilepsy, or convulsions? b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease? c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system? d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines? e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? l) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  Within the past 10 years have you a) Been advised by a member of the medical profession for the use of alcohol or drugs? b) Had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment) b) and any diagnostic testing by a member of the medical profession for the medical profession? (please list medications/treatment)			VA), Transient Ischemic Attack (TIA	۹).			APPLICATION ITEMS: Include diagnosis dates, duration
impaired fasting glucose? e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?  3. Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for a) Seizures, epilepsy, or convulsions? b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease? c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary diseases (COPD), or any disease or abnormality of the respiratory system? d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines? e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? d) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? l) Disease of the prostate or genital system? l) Disease of the prostate or genital system? l) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession for the use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? b) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? b) had on operation or been deficial profession? (please list medications/treatment)	ane c) for	eurysm, or peripheral vascular disease ( cancer, leukemia, lymphoma, malignan	PVD)? t melanoma or any other malignar				and names and addresses of all attending physicians and medical facilities.)
Syndrome (AIDS), or AIDS related complex (ARC)?  Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for a) Seizures, epilepsy, or convulsions? b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease? c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system? d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines? e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? d) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? d) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? l) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession for the use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  a) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	imp	paired fasting glucose?	-				medical facilities.)
Altave you, in the last ten years, been diagnosed or treated by a member of the medical profession for  a) Selzures, epilepsy, or convulsions?  b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  c) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  Within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	e) for Syı	human immunodeficiency virus (AIDS v ndrome (AIDS), or AIDS related complex	irus), Acquired Immune Deficiency « (ARC)?	у			Attach an additional sheet of paper, if necessary.
a) Selzures, epilepsy, or convulsions? b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease? c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system? c) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines? e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? h) Injuries associated with falls or imbalance? h) Disease of the prostate or genital system? b) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? b) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  Within the past 10 years have you a) Been advised by a member of the medical profession for the use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for any illness, disease or accident? b) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	Have	you, in the last ten years, been diag	nosed or treated by a member	r			paper, ir ricoessai y.
b) Multiple Scierosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  j) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you  a) Been advised by a member of the medical profession for the use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  d) Has your weight changed by a member of the medications/treatment)					_	_	
Parkinson's disease?  c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  d) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)			disease) muscular dystrophy or		ч	u ļ	
c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system?  d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stornach or intestines? e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? d) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? l) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system? l) Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	Pai	kinson's disease?					
d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines?  e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?  f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	chr	onic obstructive pulmonary disease (CC	sleep apnea, tuberculosis, DPD), or any disease or abnormali	ity			
e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder?   f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  l) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine?  k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  l) Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	d) Ciri	hosis, hepatitis, ulcerative colitis, Crohr	n's disease, disease of the pancre	as,			
Arthritis, fibromyalgia, or any disease of the bones, muscles or joints?  g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	e) And	priagus, uicer or any other disease or demiser bloodie	disorder of the stomach or intestin	ies?			
g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease?  h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? j) Disease of the prostate or genital system? j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  5. Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	f) Arti	Tritis, fibromyaldia, or any disease of the	g disorder, or any lymph node dis-	order			
connective tissue disease?  h) Injuries associated with falls or imbalance? l) Disease of the prostate or genital system? j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	g) Lup	ous, rheumatoid arthritis, scleroderma, p	polymyositis, dermatomyositis or a	anv	Ч	U	
h) Injuries associated with falls or imbalance?  l) Disease of the prostate or genital system?  j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	cor	inective tissue disease?					
j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system?  4. Within the past 10 years have you a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	h) inju	ries associated with falls or imbalance?					
About the past 5 years have you  a) Has your weight chapged by a member of the medical profession (page)  Are you currently being prescribed any member of the medications/treatment)  A within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	I) Dis	ease of the prostate or genital system?					
4. Within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	ld Dar	ease of the kidneys, bladder, urinary tra	ct, protein or blood in the urine?				
4. Within the past 10 years have you  a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	abr	pression, anxiety, psychiatric treatment of the brain or persons system	or counseling, or any disease or		_	_	
a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs?  b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  c) Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)			· f		u		
b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	a) Bee	and past to years have you	profossion to reduce and the				
b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs?  5. Within the past 5 years have you a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	use	of alcohol or drugs?	profession to reduce or discontin	ue	_		
Within the past 5 years have you  a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident?  b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)  Has your weight changed by more than 10 lbs in the part of the medical profession.	b) Red	eived treatment or counseling by a mer	Tiber of the medical profession for	r	Ч	<b>"</b>	
a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? c) Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)	the	use of alcohol or drugs?	The state of the s	1			
b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)?  Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)  Has your weight changed by more than 10 lbs in the profession.	Withir	the past 5 years have you			_		
Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)  Has your weight changed by more than 10 lbs is the profession.	101 6	ally liftless, disease or accident?		n			
by a member of the medical profession? (please list medications/treatment)  Has your weight changed by more than 10 lbs. in the second control of the medical profession?	othi	er cardiovascular test. Yersu blood are	the medical profession (EKG or				
'. Has your weight changed by more than 10 lbs. if the distance is the standard of the standar	Are vo	1 Currently being proposition and a "	outer laboratory test)?			□	
. Has your weight changed by more than 10 lb-1 lb	Uy a II	ember of the medical profession? (plea	se list medications/treatment)				
D	Has yo	our weight changed by more than 10 lbs	s in the past year?				



					Y	ES	NO	I		
	you received		benefits in the past	5 years due to	Γ	ב				
9. Within the past 5 years, have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the							<b>.</b>			
Human Immunodeficiency Virus (AIDS virus)?  10. Have you ever used tobacco or nicotine includes cigarettes, cigars, pipes, chewing tobacco, nicotine patches or other						3				
produ If "Yes	ıcts containin s," when was	g nicotine.) tobacco or n	icotine last used?	Month/Year		3				
11. Has a parent or sibling been diagnosed or treated by a member of the medical profession for: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide?					Ţ	<b>-</b>	0			
	Age if Living?	Age At Death?	Cause of death?			Age Living		Age At Death?	Cause c	of Death
Father				Brothers and Sisters No. Living						
Mother				No. Dead						
and I unde	erstand that t	hey shall form	and answers to the a part of my applica	above questions are complet ation for insurance with Amer	ican N	Vation	nal Life	best of my kr Insurance (	nowledge a	and belief, of Texas.
					-			Month		Year
Signature of Witness					Signature of Proposed Insured					

(To be completed and signed in presence of medical examiner.)



## MEDICAL EXAMINER'S REPORT

This examination should be made in private. If 3rd person present, give details. 12. Height Weight Chest Chest Abdomen. DETAILS of "Yes" answers. (In Shoes) (Clothed) (Full (Forced At Umbilicus (IDENTIFY QUESTION Inspiration) Expiration) Relaxed NUMBER, CIRCLE APPLICABLE ITEMS.) Ft. In. Lbs. In. ln. Attach an additional sheet of Did you weigh? ☐ Yes ☐ No Did you measure? ☐ Yes □ No paper, if necessary. Weight change in the past year\_\_\_\_ \_\_lbs, 🗅 Gain 🗖 Loss 13. BLOOD PRESSURE: All readings must be taken in a sitting position. If first reading is over 140/90 make two additional observations at 10 minute intervals. Rest 3rd Systolic Diastolic (5th Phase) 14. Pulse Rate: Before **Immediately** Three Exercise After Minutes After Pulse Rate Irregularities 15. Heart: (a) Is there any evidence of cyanosis, dyspnea, edema, arteriosclerosis. Yes No peripheral vascular or other cardiovascular disorder? (b) Is there any history of Rheumatic fever? (c) Is heart enlarged? (If yes, describe) (d) Is murmur present? (If yes, complete 15e)  $\Box$ (e) Murmur is: □ Systolic ☐ Apical ☐ Soft (Gr. 1-2) □ Constant ☐ Transmitted ☐ Presystolic ☐ Basal ☐ Mod. (Gr. 3-4) □Inconstant □ Localized □ Diastolic □ Other □ Loud (Gr. 5-6) After exercise is murmur: □Unchanged □Increased □Decreased □Absent (f) If more than one murmur is present, explain under details at right. Show location of: Apex by X Area of murmur by :... Point of greatest intensity by O Transmission by → Your diagnosis of any cardiovascular abnormality Is there on examination any abnormality of the following: (Circle applicable items and give details.) 16. Yes No Eyes, ears, nose, mouth, pharynx, (if vision or hearing is markedly impaired, indicate degree and correction.) Skin (incl. scars); lymph nodes; blood vessels (incl. varicose veins) (b) (c) Nervous system (include reflexes, gait, paralysis) (d) Respiratory system (e) Abdomen (including scars or hernia) Genito-Urinary system (include prostate) (f) (g) Endocrine system (include thyroid and breasts) Musculoskeletal system (include spine, joints, amputations, deformities) 17. Have you any pertinent information not found on examination or brought out in statements to medical examiner on reverse side? Are you related to the person examined or the Agent/Insurance Producer? 



19.	URINALYSIS: (To be done in Send specimen to laboratory	•	Specific Gravity:	Alb	Sugar	
FRA	UD WARNING:					
	person who knowing present: alties under state law.	s a false statem	ent in an application for i	nsurance may be guilty	of a criminal offense a	nd subject to
l cer	tify that I examined(Nar	ne of Applicant)		/P.M. on the day c	of Month	, <u></u> Year
Exar	mination made at my office	' ' '		home, other		
	niner's Signature:					
SS#		or Tax I.D.#				
<b>EXAMINER'S VOUCHER</b> (Do not detach)		Medical Ex	aminer	or Tax I.D.#		
		Fee \$				_
		Address of	Examiner			
			erson examined			
			gent/Insurance Producer			
		Date of Exa			2 ,	