



SHORT FORM

COMPANY NAME: _____

APPLICANT INFORMATION:

NAME:

First Middle Initial Last

ADDRESS:

City State Zip Code

Phone # _____ DOB _____ SS# _____ SPOUSE'S FIRST NAME: _____

Address:

District Agency:

Name of Agent:

1. MEASUREMENTS: Applicant's stated estimated: Height _____ Weight _____

a. Height (In Shoes) ____ ft. ____ in.	Weight (Clothed) ____ lbs.	MALES ONLY:		
		Chest (Full Inspiration) ____ in.	Chest (Forced Expiration) ____ in.	Abdomen, at Umbilicus ____ in.
b. Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
c. Is appearance unhealthy or older than stated age? <input type="checkbox"/> Yes <input type="checkbox"/> No				

COMMENTS:

2. Blood Pressure taken in a sitting position. (Take two additional readings at 5 minute intervals if more than 140/90. Record all readings)

Systolic			
Diastolic 1 5 th phase			

3. Pulse:

Rate	At Rest	After Exercise	3 Minutes Later
Irregularities per min.			

4. URINALYSIS: Glucose: ☐ Yes ☐ No Albumin: ☐ Yes ☐ No Other _____

Was specimen mailed? ☐ Yes ☐ No If yes, reason: _____ Which Lab? _____

5. BLOOD: Was blood drawn on applicant? ☐ Yes ☐ No

6. SMOKING QUESTIONNAIRE:

- A. Do you now smoke cigarettes? ☐ Yes ☐ No
If yes, how many packs per day? _____; how many years have you smoked? _____
- B. Did you previously smoke & quit? ☐ Yes ☐ No
If yes, when did you quit? _____; how many packs a day? _____; how many years? _____
- C. Do you use any form of tobacco? ☐ Yes ☐ No If yes, what kind? _____

I declare that I have read the foregoing and that my answers are correctly recorded, to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

SIGNATURE OF EXAMINER

Date of Exam _____ Time of Exam _____ AM / PM

Examiner's Address

Place of Exam: ☐ Home ☐ Business ☐ APPS Office ☐ Other _____