

**Trustmark Insurance Company Medical Questionnaire**  
**PO Box 7930, Lake Forest, IL. 60045**  
**Phone (800) 229-4543 Fax (847) 615-4954**  
**Thyroid Questionnaire**

Proposed Insured:

Birthdate:

Address:

Employee:

Home Phone:

Employer:

Work Phone:

Cert.#:

1. Name, address and phone number of your doctor: \_\_\_\_\_  
\_\_\_\_\_

2. Date last seen prior to **application sign date** : \_\_\_\_\_

3. Current height and weight: \_\_\_\_\_

4. List all medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

5. List all conditions for which you are currently seeing a doctor: \_\_\_\_\_  
\_\_\_\_\_

6. What is the exact diagnosis for your thyroid condition? \_\_\_\_\_

7. What type of treatment are/did you receive? \_\_\_\_\_  
\_\_\_\_\_

8. Have you had, or will you need to have any surgery? If so, when? \_\_\_\_\_

9. . Were you diagnosed with a malignancy? \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date