

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954
Asthma 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 **signed 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. How frequent are your asthma attacks? And when was the last attack? _____

7. How severe are your attacks (mild, moderate or severe)? _____

8. Have you ever been hospitalized for your condition? If yes, from when to when? _____

9. When were you diagnosed with asthma? _____

Signature of Proposed Insured

Date