

APPLICATION NUMBER

HEART MURMUR QUESTIONNAIRE  
AMERICAN INCOME LIFE INSURANCE COMPANY  
PO BOX 2608  
WACO, TX 76797

PLEASE INDICATE APPROPRIATE APPLICANT'S NAME IN SHADED AREA

NAME

1. Have you ever been diagnosed with a heart murmur?  Yes  No  
If YES, any symptoms or treatment? \_\_\_\_\_

2. Do you have any exercise limitations?  Yes  No  
If YES, give details: \_\_\_\_\_

3. Did the physician describe the murmur as  functional or  organic?  
Did he describe it as mitral valve prolapse?  Yes  No

4. Have you ever had rheumatic fever?  Yes  No  
If YES, is the heart murmur a result of rheumatic fever?  Yes  No

5. At what age was the murmur first diagnosed? \_\_\_\_\_

6. Are you required to be given antibiotics before surgery or dental work?  Yes  No

7. Have you ever had heart valve surgery?  Yes  No Date of Procedure: \_\_\_\_\_  
Name, address and phone number of hospital: \_\_\_\_\_

8. Name, address and phone number of physician with current records: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant Date

X \_\_\_\_\_  
Signature of Agent Date

