

APPLICATION NUMBER

KIDNEY 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 chronic kidney infections, nephritis, glomerulonephritis, or had an abnormal renal function test?

Date diagnosed Details

Date diagnosed Details

Date diagnosed Details

2. Do you currently take any medications for your kidneys? Yes No

Medications Dosage Frequency

Medications Dosage Frequency

Medications Dosage Frequency

3. Have you ever had surgery or been hospitalized due to your kidneys? Yes No

Date Details

Date Details

Date Details

4. Have you ever had tests performed on your kidneys? Yes No

Date Details

Date Details

Date Details

5. Name, address and phone number of physician with current records:

6. Have you ever had or been told you needed dialysis? Yes No

Date Details

Date Details

Date Details

7. Have you ever been diagnosed with diabetes, heart disease, or high blood pressure? (If yes, complete appropriate questionnaires).

8. Have you ever had a kidney transplant? (If yes, complete following questions) Yes No

Date of surgery (If surgery within the past year do not proceed)

Name, address and phone number of hospital where confined:

9. Have you had any episodes of rejection? Yes No

If yes, how many?

10. Was the donor kidney from a living donor? Yes No

11. Is the physician who checks your kidneys a nephrologist? Yes No

X Signature of Applicant Date

X Signature of Agent Date

