

**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

