EMPIRE LIFE VITALS FORM

Insurance Information

Insurance amount	Policy number(s)
Advisor name	

Applicant Information

Applicant name	Date of birth (dd/mmm/yy)
Applicant identification (specify type of ID used for verification)	Identification number

Vital Stats

Height (without shoes) _____ ◯ Ft.In ◯ Cm	Did you measure? ◯ yes ◯ no
Weight (measured) _____ ◯ Lbs ◯ Kg	Did you weigh? ◯ yes ◯ no
Has the applicant lost weight in the last 12 months? ◯ yes ◯ no	If yes, how much? _____ ◯ Lbs ◯ Kg

Blood Pressure Readings

	1	2	3
Systolic	_____	_____	_____
Diastolic	_____	_____	_____

Pulse rate (sitting at rest) _____ Was the pulse regular? ◯ yes ◯ no

Was a large blood pressure cuff used? ◯ yes ◯ no

Supplemental Information

In the last 12 months, have you used used any of the following tobacco or nicotine products? ◯ no ◯ yes - specify the type:

◯ cigarettes ◯ e-cigarettes ◯ cigarillos ◯ pipes ◯ chewing tobacco ◯ snuff ◯ marijuana
◯ nicotine substitutes (including gum or patches) ◯ betel nuts ◯ small cigars ◯ more than 12 large cigars

In the last 12 months, have you used any prescription medications? ◯ yes ◯ no - if yes, list the medications:

Do you have a personal history of any of the following? ◯ high blood pressure ◯ diabetes ◯ heart disease ◯ none

Examiner Information

Date and time of data collection

Signature of applicant
X

Signature of Examiner X	Examiner name (please print clearly)