

Information Required by Insurers

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- 1. Please give the date and result of the most recent total cholesterol value, HDL (good cholesterol), triglyceride value**
- 2. Have you had any of the following: a) chest pain or angina b) TIA or stroke, c) claudication or peripheral vascular disease d) diabetes**
- 3. Are you on any medications? If yes, please give details?**

- 4. Have you used tobacco products in the last 12 months**
- 5. What is your height and weight?**
- 6. Do you have high blood pressure?**
- 7. Has a stress electrocardiogram (treadmill test) been completed within the past year? If so, provide date and results.**
- 8. Do you have any other major health problems (ex: cancer, etc.)? If yes, please give details.**