



QUESTIONNAIRE CHART
LIFE APPLICATION QUESTIONNAIRES
ICC21-AP-LIFE

SECTION 7 – Medical and Personal History Questions		
	If ‘YES’ on Application:	Then use this Questionnaire:
QUESTION 4	‘Yes’ on a, b	Foreign Travel and Residence
QUESTION 5	‘Yes’	Military
QUESTION 6	‘Yes’ on a, b, c	Driving History
	‘Yes’ on e	Aviation
	‘Yes’ on f	Sport, Amusement, or Avocation
	‘Yes’ on g Marijuana	Marijuana
	‘Yes’ on g Narcotic	Drug Use
	‘Yes’ on g Intravenous	Drug Use
	‘Yes’ on g Cocaine	Drug Use
	‘Yes’ on g Barbiturates	Drug Use
	‘Yes’ on g Hallucinogens	Drug Use
	‘Yes’ on h 13-24	Alcohol
‘Yes’ on h over 25	Alcohol	
‘Yes’ on i, j, k	Criminal History	
QUESTION 7	‘Yes’ on a High Blood Pressure	Hypertension
	‘Yes’ on c Diabetes	Diabetes
	‘Yes’ on d Depression/Anxiety	Mental/Nervous Disorder
	‘Yes’ on d Psychological Disorder	Mental/Nervous Disorder
QUESTION 8	‘Yes’ on b Brain/Nervous System	Mental/Nervous Disorder and/or Seizure
	‘Yes’ on c Chronic Fatigue Syndrome	Mental/Nervous Disorder
	‘Yes’ on d Drug Abuse	Drug Use
	‘Yes’ on d Alcohol Abuse	Alcohol
QUESTION 9	‘Yes’ on a Asthma/Bronchitis	Respiratory
	‘Yes’ on a Emphysema	Respiratory
	‘Yes’ on a Sleep Apnea	Sleep Apnea
	‘Yes’ on a COPD	Respiratory
	‘Yes’ on a Lungs/Respiratory System	Respiratory