



MEDICAL QUESTIONNAIRE

BROKER INFORMATION

Broker/Agency Name:			
Address:		City:	State: Zip:
Contact Person:	Phone #:	E-Mail:	

GENERAL APPLICANT INFORMATION

Name of Examinee:			
Period of Event / Tour: <i>(If possible, please provide the Doctor / Physician with a copy of the tour / even itinerary.)</i>			
Location of Medical Assessment: Street:		City:	State: Zip:
Examinee's Role in Event / Tour (e.g. Singer / Guitarist / Drummer):			
First Day of Event / Tour:			

It is mandatory that the examinee answer the following:

- Date of Birth: _____ Age: _____ Sex: M / F
- Please circle the applicable letter if, to the best of your knowledge, you have ever had, been advised you had, been treated for or consulted a doctor regarding any of the following medical conditions:
 - Convulsions, paralysis or stroke, severe headaches or diseases of the brain or nervous system.
 - High blood pressure, heart attack, angina pectoris, or any other disorders of the heart or blood vessels.
 - Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system.
 - Duodenal or gastric ulcer, colitis or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, or gallbladder.
 - Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney, or genito-urinary system.
 - Diabetes, gout, or any other disease or abnormality of the thyroid or other glands.
 - Any disease, disorder or injury of the bones, joints, muscles, back, spine, or neck.
 - Cold sores on lips or face in the past five years.
 - Any significant change of weight, (20lbs / 10kgs or more) in the past year.
 - Treatment for or indication of excessive use of alcohol or drugs.
 - Any infection or disease of the eyes, ears, nose, or throat.
 - Any eating disorder.
 - Disorder of the skin, lymph glands, cyst, tumor, or cancer.
- To be completed, if examinee is female. To the best of your knowledge:
 - Have you have had any disorder of menstruation, pregnancy, or of the female organs or breasts? Yes No
 - Are you now pregnant? Yes No
 - If Yes, how many months?
- In the past five years have you been under a doctor's care and / or been admitted to the hospital for any physical or psychological condition other than minor ailments (e.g. cold / flu)? Yes No
 - If Yes, please give details:
- Are there any other conditions, medical or otherwise, that might affect, or have affected, your ability to perform your duties for this, or any previous event / tour? Yes No
 - If Yes, please give details:



6. When did you last receive a complete physical examination?
- a. What were the results?
7. Name and address of personal physician:
8. Do you have any beliefs that preclude you from taking prescribed medication or treatment? Yes No
9. Are you currently using or in the last twelve months have you used:
- a. Prescription or non-prescription drugs? Yes No
- b. Narcotics, depressants, anti-depressants, stimulants, or psychedelic drugs (e.g. LSD), heroin or cocaine, whether prescribed by a physician or not? Yes No
- i. Please explain any "Yes" answer under a. or b. above:
- c. Tobacco? Yes No
Amount / Frequency:
- d. Alcohol Yes No
Amount / Frequency:
10. Will you be participating in any potentially hazardous activities or sports in your personal time between today's date and completion of event / tour, including, but not limited to, auto / motorcycle racing, equestrian, gliding, flying, skydiving, mountain climbing, scuba diving, snow or water skiing, contact sports or other (please specify)? Yes No
- i. If so, please state frequency (daily, weekly, etc.): Yes No
11. Has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for any Cast Insurance, Non Appearance Insurance or Accident, Health or Life Insurance? Yes No
- i. If Yes, please explain: Yes No
12. Do you have any family history of heart or kidney disease or diabetes? Yes No
13. Will you be performing any special physical activities during this event / tour? Yes No

I declare and affirm that I am the person named on this form; that the statements made hereon by me are true, correct, and complete; that I have withheld no information known to me which might alter or conflict with the statements made by me. I understand that an insurance policy may be issued and claim settlements made based upon the representations and facts stated by me as true. In the event an insurance policy is issued and a claim is paid, I understand that the Insurer will hold me fully and personally liable and will seek recoupment from me if it is determined that the facts stated herein are not true, correct, or complete or that I withheld information which conflicts with the statements I made. I also agree to be re-examined by the Insurer's doctor in the event a claim is made.

I authorize any physician, practitioner, hospital, clinic, laboratory, other medical facility or health care provider, insurance or reinsurance company having information regarding diagnosis, treatment, and prognosis of any medical or psychological condition, care, and / or treatment to permit the Insurer or its duly authorized representative to review and copy all medical reports, X-rays, charts, records, and other data which may pertain in any manner to my medical history, physical, or psychological condition, care, and / or treatment. I understand that the medical information obtained will be used by the Insurer for underwriting and claim settlement purposes. I agree that this authorization for release of medical information shall be valid until a claim relating to the examinee has been settled and closed with the Assured. A copy of this form shall be considered as valid as the original and I understand that I may obtain a copy of this authorization if I so request it.

SIGNATURE OF EXAMINEE OR LEGAL GUARDIAN

DATE SIGNED



PHYSICIAN'S EXAMINATION

Notes for Physician

Please note that this Medical Questionnaire will be used by insurers to provide a quote for an insurance policy which covers losses caused by the inability of the Examinee to fulfill their required duties on the Event / Tour detailed in the itinerary provided by the Examinee. This is not a Medical Questionnaire for a policy of life insurance therefore Physicians should assess the overall capability of the Examinee to fulfill their obligations on the Event / Tour.

Name of Examining Physician:

Physician's Qualifications and Area of Practice:

Physician's Telephone Number:

Physician's Email Address:

Artist Name:

ARTIST'S GENERAL APPEARANCE

HEIGHT:	WEIGHT:	TEMP:	BLOOD PRESSURE:
PULSE:	EENT:	HEART:	LUNGS:

If examinee is under the age of fourteen, please advise what childhood disease(s) he / she has had and provide immunization records:

Please provide details regarding any circled items per Question 2, items a to m (inclusive), or any "Yes" answer for Questions 3 to 13 (inclusive) on the examinee's Medical Questionnaire:

Please indicate any vaccination that the examinee has taken and / or is taking and / or are recommended to be taken for the locations in which the event / tour will take place and, if applicable, for the locations of any other places the examinee intends to visit before or during the period in which the event / tour is taking place:



Please comment on abnormal findings arising from the Medical Questionnaire or Examination:

In the event of any abnormal findings arising from the Medical Questionnaire or Examination, please advise of any further tests which you would recommend:

I have performed a medical examination on the examinee prior to today. Yes No

I have today examined the above named examinee and in my opinion he / she is in sound health and free from disease and is in a fit condition, subject to any qualifications made above, to fulfill his / her professional engagement. Yes No

SIGNATURE OF PHYSICIAN

DATE SIGNED



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.