

AVOCATION QUESTIONNAIRE: SCUBA

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

- Never
 Former
 Current

Date Stopped: _____
 Type: _____

Coverage Information:

- Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

How many years has the client been diving?

- Pleasure _____
 Professional _____

If professional, please provide details: _____

Does the client participate in:

- Cave Diving No Yes
 Wreck Diving No Yes
 Salvage Diving No Yes

If yes, please provide details: _____

Does the client ever dive alone? No Yes

Date of last dive: _____

Certifications: _____

Is the client a member of any organized clubs? No Yes

If yes, please provide details: _____

Average Dive Depth: _____ How often does client dive? _____

Deepest Dive: _____ Frequency to this depth: _____

Dive Locations: _____

Number of Dives: Past 12 Months		
Depth	Number	Average Time per Dive
Less than 50 feet		
50 - 100 feet		
101 - 150 feet		
Greater than 150 feet		

Number of Dives: Contemplated Next 12 Months		
Depth	Number	Average Time per Dive
Less than 50 feet		
50 - 100 feet		
101 - 150 feet		
Greater than 150 feet		

Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____