

Individual Enrollment Application Addendum



Applicant Name: _____

If you answered "yes" to questions 1, 4, or 10 in the Health Information section of the attached enrollment application and/or if you are currently taking a cholesterol reducing drug, please complete the appropriate sections on this page and return with your enrollment application.

I answered "yes" to question #1 regarding **seizures**.

Reason for seizure:
 Epilepsy Other (specify) _____

Type of Seizure:
 Grand Mal Petit Mal

Date of Diagnosis: _____

Date of Last Seizure: _____

Hospitalized? No Yes

If yes, when? _____

List all medications you take: _____

I answered "yes" to question #4 regarding **hypertension**.

Last 3 Blood Pressure Readings:

Diagnosis Date: _____

How often is your blood pressure checked and by whom?

List any complications (i.e. Heart Disease):

List all medications you take: _____

I answered "yes" to question #10 regarding **diabetes**.

Last A1C Reading: _____

OR Last 3 Blood Sugar Readings:

Diagnosis Date: _____

How often is your blood sugar or A1C checked and by whom? _____

List any complications: _____

List all medications you take: _____

I am currently taking a **cholesterol** reducing drug.

Total Cholesterol Reading: _____

Last 3 HDL Readings:

Last 3 LDL Readings:

Last 3 Triglyceride Readings:

How often is your cholesterol checked? _____

List any complications: _____

List all medications you take: _____

