

AVOCATION QUESTIONNAIRE: CLIMBING

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship

Face Amount: _____ Premium Tolerance: _____

Type of Climbing (Select all that apply): Mountain Rock Trail Ice Wall/Artificial

Number of Climbs: Last 12 Months _____
 Last 12 - 24 Months _____
 Estimated Next 12 Months: _____

Height of Climbs on Average: _____ Highest Climb Ever Done: _____

Climbs Last 5 Years					
Locations Outside Continental US	Altitude/Height	Dates	Locations Inside Continental US	Altitude/Height	Dates

Climbs Next 12 Months					
Locations Outside Continental US	Altitude/Height	Dates	Locations Inside Continental US	Altitude/Height	Dates

Kind of Training: _____

Years of Experience: _____ Climb Alone Climb with Others

Club Affiliation(s) _____

What class of climbing does the client most often participate in (American Rating System)
 1 2 3 4 5

What class of climbing does the client most often participate in (Yosemite Decimal System)
 I II III IV V VI VII

What is the highest class the client has ever participated in? _____

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

If yes, please provide details: _____

