



**VIVA Health Inc. Health Questionnaire**

**Follow-up: Addison's Disease**

Employee\_\_\_\_\_

Group Name:\_\_\_\_\_

Proposed Insured\_\_\_\_\_

D.O.B.\_\_\_\_\_

1. When were you diagnosed with Addison's Disease?
2. Have you ever been hospitalized for this disease? If so, when and for how long?
3. Please provide the name, address, and phone number of your attending physician.
4. Do you have diabetes? If yes, please provide your last three blood sugar readings:  
Date\_\_\_\_\_ Result\_\_\_\_\_
- Date\_\_\_\_\_ Result\_\_\_\_\_
- Date\_\_\_\_\_ Result\_\_\_\_\_
5. Please check all that apply. Have you ever had:  
    elevated blood pressure\_\_\_ tuberculosis\_\_\_ recurrent infections\_\_\_  
    low blood sugar\_\_\_
6. Do you regularly take any medication? Yes\_\_\_ No\_\_\_ If yes, please list the name and dosage.
7. Have you been advised to have any surgery, or any future medical treatment?
8. Do you smoke or have you smoked? If yes, how much? (include packs per day and number of years.)

**I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.**

**Date:\_\_\_\_\_ Signature of proposed insured:\_\_\_\_\_**