



**VIVA Health Inc. Health Questionnaire**

**Follow-up: Allergy**

Employee\_\_\_\_\_

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

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

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

1. Have you ever had an allergic reaction before?  
If so, state what type?
  
2. How often during the year do your allergies annoy you?
  
3. Has your physician ever recommended allergy testing?  
If so, did you comply?
  
4. Have you ever been treated for these allergies?  
If so, what type and how often?
  
5. Please provide the name and telephone number of the attending physician.
  
6. Do you smoke? If yes, how many cigarettes per day?

**I certify to the best of my knowledge that the above statements and answers are complete, true, and accurate. I understand that the answers to the above questions shall be the basis of any coverage issued, and that any incorrect answers may void this insurance.**

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

If additional space is required, please use reverse side.