



VIVA Health Inc. Health Questionnaire

Follow-up: Arthritis

Employee _____

Group Name: _____

Proposed Insured _____

D.O.B. _____

1. Have you ever been diagnosed with arthritis, rheumatism, or any bone or joint disorder? *If so, state which.*
2. If arthritis, state what type (degenerative, hypertrophic, osteoarthritis, rheumatoid).
3. How long have you suffered from arthritis?
4. How often do arthritic attacks occur during the year?
5. Which joints are affected?
6. Describe in detail the degree of impairment your attacks cause to activities of daily living (e.g. driving a car, getting dressed, performing household chores, etc.).
7. Have your attacks ever caused you to miss work? If so, how many days have you missed during the past twelve months?
8. Are you currently taking medication or receiving treatment? *If so, please indicate type, dosage, and frequency.*
9. Have you ever been hospitalized, undergone surgery, or has it been suggested? *If so, when?*
10. Please provide the name, address, and telephone number of the attending physician.
11. 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.