



Viva Health Inc. Health Questionnaire—Heart

Employee Name: _____ Group Name: _____
Proposed Insured: _____ D.O.B. _____

1. Are you aware of or have you ever been told that you have a heart disorder, coronary artery disease or rapid pulse?
2. Is so, when? *Please give full details.*
3. Give the name, address, and phone number of the physician consulted in connection with this heart trouble.
4. Were there any tests given? *If so, what were the tests and the results?*
5. What was the diagnosis?
6. What treatment was prescribed? Was any type of treatment, surgery or further tests recommended or mentioned? *If so, please provide details.*
7. Were you hospitalized? *If so, for how long?*
8. Do you smoke? If yes, how many cigarettes per day?

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:** _____

Use reverse side for additional comments or if further space is needed