



**Viva Health Inc. Health Questionnaire—Injury**

Employee Name: \_\_\_\_\_ Group Name: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ D.O.B. \_\_\_\_\_

1. What type of injury did you receive and what was the cause of injury?
2. Was this a head injury? If no, what parts of your body were affected and to what extent?
3. Were you hospitalized for this injury? For how long? *List the name and address of the hospital and the name, address and phone number of the physician treating you for this.*
4. Were you unconscious because of this injury? If so, for how long?
5. Have you had any after effects such as fainting, headaches, dizziness, etc.?
6. How often did you consult a physician due to this injury?
7. Is your injury still disabling, or have you completely recovered?
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 the insurance.**

**Date:** \_\_\_\_\_ **Signature of Proposed Insured:** \_\_\_\_\_