



**VIVA Health Inc. Health Questionnaire--
Follow-up: Prostate History**

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

1. Have you ever had a prostate gland disorder? *If so, please give details.*

2. When did your condition start?
 - (a) How frequently do you have attacks?

 - (b) When was your last one?

 - (c) If you recovered, please give the date of full recovery.

3. Give the name, address, and phone number of any physician who treated you.
 - (a) What was your diagnosis?

 - (b) What treatment was given? *Give the date of your last treatment.*

 - (c) Are you contemplating surgery?

4. Has this condition ever caused you to be hospitalized? *If so, when, where, and how long?*

5. Have you ever had a disorder of any other genitourinary organs? *Please give full details.*

6. 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:** _____