



**VIVA Health Inc. Health Questionnaire--  
Follow-up: Respiratory**

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

1. Please list the type of respiratory disorder you have and when it first started.
2. Did you consult your doctor?
3. What treatment did your doctor prescribe? If medication has been prescribed, give type, dosage and frequency.
4. What was the diagnosis?
5. Was any type of operation or test performed or mentioned? If yes, what kind?  
*Please give full details.*
6. Give the full name, address, and phone number of the attending physician.
7. Do you still have any symptoms of this disorder?
8. Do you smoke or have you ever smoked? If yes, how much? (*Include packs per day and number of years*).

**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:** \_\_\_\_\_