



VIVA Health Inc. Health Questionnaire--
Follow-up: Sarcoidosis

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

1. When were you first diagnosed with sarcoidosis?

2. Have you ever been hospitalized for this disorder? *If yes, please list all dates hospitalized and the name of the hospital.*

3. Are you taking any medication at this time? *If so, please list the name of the prescription and the amount taken.*

4. Please indicate which of the following symptoms you have had:

_____ jaundice (yellow skin)	_____ glaucoma or other eye problems
_____ shortness of breath	_____ joint pain
_____ skin problems	_____ kidney stones

5. Has your doctor recommended any tests, or that you be hospitalized in the near future?
Please list your doctor's name and address.

6. How has this illness affected your daily living? _____ 100% disabled,
_____ Somewhat disabled, _____ No problems at all.

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: _____