



**VIVA Health Inc. Health Questionnaire--
Follow-up: Stomach Disorder**

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

1. Have you ever had any kind of ulcer, indigestion or stomach trouble? *If yes, what was the diagnosis?*

2. When did the condition above happen, and how long did it last?

3. Did you have any testing done for this disorder? *Please list all tests, including dates and results.*

4. What treatment was prescribed? *(Diet, medication, surgery, etc.)*

5. Give the name, address and phone numbers of the attending physician.

6. When did you last have a symptom of this disorder?

7. Are you receiving any present treatment?

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:** _____