



**VIVA Health Inc. Health Questionnaire--
Surgery for _____**

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

1. Describe type of surgery and dates of hospital confinement.
2. Why did you have surgery (i.e. what was your diagnosis)?
3. Name of physician and hospital:
4. List medications prescribed along with dosage and frequency.
5. Date you were released from physician's care.
6. Are medications still being prescribed for the condition which required surgery?
7. How effective was the surgery in relieving your symptoms?
Completely Moderately Somewhat Not at all

Explain if you did not answer "completely".
8. Do you have any remaining complications or problems? Yes No
If yes, please describe.
9. Has any physician recommended additional treatment or follow-up surgery? Yes No
If yes, please describe.
10. 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:** _____