



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

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

1. When were you first diagnosed with Thrombocytopenia?

2. Are you currently taking any medication? *If yes, please indicate the prescription taken, and the dosage.*

3. Has the underlying impairment which causes the Thrombocytopenia been diagnosed? *If so, please identify.*

4. Have you been tested for the virus which causes AIDS? *If so, when and what were the results?*

5. Have you ever experienced any type of spontaneous bleeding?

6. Has your physician recommended that you receive any other type of treatment?

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:** _____