



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

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

1. Have you ever had any type of thyroid disorder?
2. When did this happen?
3. Please list the full name and address of the physician you consulted.
4. What was the diagnosis?
5. What type of treatment was prescribed? *If you had any type of surgery, give the name of the hospital.*
6. Was any malignancy (cancer) found?
7. When were your last symptoms of the disorder?
8. Are you taking any medication at this time for the disorder? *If so, please indicate type, dosage and frequency.*
9. If not, when did you stop taking medication for the disorder?
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:** \_\_\_\_\_

Use reverse side for additional comments or if further space is needed.