



**Viva Health Inc. Health Questionnaire—Emphysema**

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

1. When were you first diagnosed with emphysema?
2. Are you currently taking any medications? *If yes, please indicate the prescription and the dosage.*
3. Have you ever been hospitalized for this disorder? *If yes, please indicate all dates and where admitted.*
4. Have you ever experienced any of the following symptoms?  
 Shortness of breath                       Asthma  
 Swelling of legs                               Excessive mucus  
 Chronic bronchitis
5. Are you currently on oxygen? *If yes, please indicate how much and how often you use oxygen.*
6. Has your doctor recommended any treatment not listed above, or advised you to be hospitalized?
7. Do you smoke? *If yes, please indicate the number of packs per day smoked, and the number of years.*

**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:** \_\_\_\_\_