



Viva Health Inc. Health Questionnaire—Female Disorder

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

1. Have you ever been treated for a female disorder? *If yes, what type and when?*

2. Have you ever had a cyst or tumor? *If so, where was it located?*

3. Was there any sign of malignancy (cancer)?

4. What was the diagnosis? *Please explain in detail.*

5. Have you ever undergone surgery for any type of female disorder? *If so, list where you were hospitalized, and state the nature of the operation. If not, do you contemplate surgery for any type of female disorder?*

6. Are you still under treatment? *If so, list the type of treatment you are receiving. Give the name, address and phone number of the physician.*

7. Give the dates and results of your two most recent check-ups and/or pap tests. *Give the name, address and phone number of the physician.*

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: _____

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