



**Viva Health Inc. Health Questionnaire—
Hepatitis**

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

1. When were you first diagnosed with hepatitis? What type was diagnosed?.

2. Have you ever been hospitalized for this illness? Please indicate dates, and where hospitalized.

3. Are you currently taking medication? If so, please indicate the drug and dosage.

4. Have you had any complications as a result of this disease? Please check all that apply below:

<input type="checkbox"/> Jaundice	<input type="checkbox"/> Kidney failure
<input type="checkbox"/> fatigue	<input type="checkbox"/> arthritis
<input type="checkbox"/> coma	<input type="checkbox"/> edema (swelling)

5. Are you currently undergoing treatment, or been advised to have any additional treatment in the future?

6. Have you been on disability? Please list dates.

7. Please list your doctors name and address.

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:** _____