



**VIVA Health Inc. Health Questionnaire--
Follow-up: Sickle Cell Anemia**

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

1. How old were you when this condition was diagnosed?
2. How old were you when you first experienced symptoms of this condition?
3. List all medications which have been prescribed for this condition (include dates, dosage, and frequency).
4. Describe symptoms related to your disease and their severity.
5. Describe how the symptoms affect your activities of daily living (e.g. housework, work, driving).
6. Have you ever been hospitalized for this condition? ____ Yes ____ No
If yes, list date(s), hospital(s), and length of stay(s).
7. Give the name and address of the physician treating you for this condition.
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:** _____