



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

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

1. When were you first diagnosed with osteoporosis? How was it discovered?
2. Have you ever been hospitalized for this disease? If so, please list the dates.
3. Are you currently taking any medication? If yes, please list the drug and dosage.
4. Have you ever had any complications as a result of this disease? Please check all that apply below.

_____ back pain	_____ loss of height
_____ broken bones (please list)	_____ bone pain
_____	

5. Have you been advised to seek further treatment not mentioned above?
6. Please list your current doctor's name and address below.

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