



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

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

1. Have you had any complications with the pregnancy, including vaginal bleeding? *If yes, please explain.*
  
2. Have you had any complications with previous pregnancies, including premature birth?
  
3. Have there been any congenital problems with any previous children? *If yes, please explain.*
  
4. If any test have been done (ultrasound, amniocentesis, sonograms, etc.), what were the results?
  
5. Have you ever had any of the following:  
    \_\_\_ Spontaneous or therapeutic abortion? *If yes, how many?*  
    \_\_\_ Kidney infections? *If yes, how many?*  
    \_\_\_ Cone biopsy of cervix? *If yes, list results.*  
    \_\_\_ Abnormality of the uterus? *If yes, give diagnosis.*  
    \_\_\_ Family history of diabetes?
  
6. Did your mother take DES when she was pregnant with you?
  
7. Are you pregnant with more than one baby?
  
8. Please list your due date.
  
9. List any other details.
  
10. 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:** \_\_\_\_\_