



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

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

1. Have you ever had a stroke?
2. What was the date of your first episode? How long were you disabled? Give the date of your return to full-time employment.
3. What was the diagnosis given to you by your physician?
4. Please list the name, address and phone number of the physician making the diagnosis.
5. Specify the names and addresses of all other physicians you consulted and the dates of these consultations.
6. List the number of attacks you have had.
7. What type of treatment did you receive?
8. Are you still receiving treatment? *If yes, please specify the type of treatment.*
9. How often do you report to your doctor?
10. When did you last report to him? Why?
11. 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:** _____