



VIVA Health Inc. Health Questionnaire--
Follow-up: Tumor

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

1. Have you ever had a tumor, cyst or mole diagnosed as malignant? *If yes, where was it located? How large was it? Did the malignancy go to any other part of your body?*
2. When did you have it?
3. What type of cancer, tumor, cyst, growth, mole did you have? Was it diagnosed as benign, malignant, or precancerous?
4. Have you had any medical treatment or an operation for this? *If yes, please give the date and details.*
5. Was it necessary to be hospitalized for this? *If so, for how long?*
6. List the full name and address of the hospital and the name and address of the physician who treated you.
7. Has there been any drainage or recurrence of this cancer, tumor, cyst, growth or mole?
8. Have you been advised to have an operation/treatment for this in the future? *If so, explain.*
9. 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: _____

Use reverse side for additional comments or if further space is needed.