



## Group Health Questionnaire

The following information must be completed by an Authorized Officer of the Company and signed prior to execution of the Personnel Staffing Agreement. Please explain all yes answers. For additional information please attach additional page.

Important: Please answer all questions to the best of your knowledge.

1. Do you have group coverage now? Yes [ ] No [ ] Name of Carrier: \_\_\_\_\_
2. Are there any COBRA participants, and are they to be covered? Yes [ ] No [ ]
3. In the past 10 years has any current employee, dependant or COBRA Participants had any symptoms or signs that would cause any ordinary prudent person to seek medical advice or treatment? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_
4. Has any current employee, dependent or COBRA hospitalized, in a clinic, surgical center, treatment center or suffered any serious illness or had a claim to exceed \$5,000? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_
5. Is any employee, dependant or COBRA Participant now pregnant? Yes [ ] No [ ]
6. Has any current employee, dependant or COBRA Participant been diagnosed or received treatment for any of the following conditions?
  - A. **Musculoskeletal Conditions/Disorders:** Disorders or injuries of bones, joints, muscles, ligaments, tendons or discs such as strain/sprain, fracture, arthritis, fibromyalgia, gout, herniated disc, joint replacement, internal/external fixations, permanent hardware, amputation/prosthesis, etc? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_
  - B. **Respiratory Conditions/Disorders:** Allergies, sinusitis, bronchitis, asthma, pneumonia, and shortness of breath, chronic cough, pneumothorax, emphysema, COPD, tuberculosis, fungal infections, difficulty breathing, spitting/coughing up blood, etc? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_
  - C. **Digestive Conditions/Disorders:** Any treatment for: ulcers, hernia, gastric reflux, colitis, Cohn's' Disease, Irritable Bowel Syndrome (IBS), chronic diarrhea, intestinal problems; colon polyps, rectal bleeding or hemorrhoids; diseases of the pancreas, liver or gallbladder, hepatitis A/B/Cother, Cirrhosis, jaundice, unexplained weight loss or gain, eating disorder, etc? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_
  - D. **Heart and Circulatory Conditions/Disorders:** Anemia, bleeding/clotting disorders, thrombocytopenia; varicose/spider veins, Raynauds, phlebitis, thrombosis; enlarged lymph nodes or lymphadenitis' chest pain, angina, high/low blood pressure, hypertension, high cholesterol/lipids, heart murmur, palpitations, congestive heart failure, coronary artery disease, aneurysm, heart attack, bypass surgery/angioplasty, valve replacement, pacemaker or defibrillator, rheumatic fever, etc? Yes [ ] No [ ]  
Explain details: \_\_\_\_\_

E. **Metabolic and Endocrine Conditions/Disorders:** Diabetes, adrena/pituitary disorders; lupus, scleroderma, chronic fatigue syndrome, Epstein-Barr, mononucleosis; thyroid disorders, and immune disorders? Yes [ ] No [ ]

Explain details: \_\_\_\_\_

F. **Brain/Nervous System Conditions/Disorders:** Loss of consciousness, fainting, dizziness, numbness/tingling, weakness, paralysis, confusion, memory loss, Alzheimer's, head injury, stroke; migraine or chronic/severe headaches; narcolepsy, sleep apnea, tremors; multiple sclerosis, seizures/epilepsy etc? Yes [ ] No [ ]

Explain details \_\_\_\_\_

G. **Cancer/Tumors:** Cystic, tumors or abnormal growths; Hodgkin's disease, leukemia or any other cancer or malignancy? Yes [ ] No [ ]

Explain details: \_\_\_\_\_

7. Has any applicant been treated or diagnosed for alcohol, chemical or substance abuse or been advised to reduce alcohol intake? Yes [ ] No [ ]

Explain details: \_\_\_\_\_

8. Has any applicant been diagnosed as having or received treatment by a physician or health care provider for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or tested positive for HIV (Human Immunodeficiency Virus)" Yes [ ] No [ ]

Explain details : \_\_\_\_\_

9. Is any applicant a candidate for, or a recipient of an organ or bone marrow transplant?

Yes [ ] No [ ]

Explain details: \_\_\_\_\_

I hereby represent all information, statements, and answers provided on this form or any attachments are complete and true to the best of my knowledge.

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Print Name & Title)