

Evidence of Health Status (continued)

2b. Is any applicant currently a smoker? If yes, applies to: <input type="radio"/> You (employee) <input type="radio"/> Dependent 1 <input type="radio"/> Dependent 2 <input type="radio"/> Dependent 3 <input type="radio"/> Dependent 4	<input checked="" type="radio"/> N <input type="radio"/> Y
3. In the past 12 months, have you missed 5 or more consecutive days of work due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb or as a result of pregnancy?	<input checked="" type="radio"/> N <input type="radio"/> Y
4. Has anyone on this application been treated or diagnosed with an immune system disorder (i.e. Lupus, ITP), AIDS or an AIDS-related complex by a physician or an appropriately licensed clinical professional acting within the scope of his/her license?	<input checked="" type="radio"/> N <input type="radio"/> Y
5. Within the past 5 years, has anyone on this application been diagnosed with diseases or disorders related to, counseled, consulted, or treated by a doctor, including surgery, for any of the following:	

a. Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; anemia; hemophilia; phlebitis; high blood pressure (reading higher than 140/90)?	<input checked="" type="radio"/> N <input type="radio"/> Y	i. Diabetes; liver or thyroid disease; hepatitis; cirrhosis; or enlargement of the lymph nodes?	<input checked="" type="radio"/> N <input type="radio"/> Y
b. Nervous, mental or emotional disorder; convulsions; epilepsy; unconsciousness; Multiple Sclerosis; Parkinson's Disease; Cerebral Palsy?	<input checked="" type="radio"/> N <input type="radio"/> Y	j. Stomach, gall bladder, digestive, intestinal, or colon disorders?	<input checked="" type="radio"/> N <input type="radio"/> Y
c. Stroke; Transient Ischemic Attack (TIA)?	<input checked="" type="radio"/> N <input type="radio"/> Y	k. Rheumatoid arthritis; or back disorders; or joint disorders?	<input checked="" type="radio"/> N <input type="radio"/> Y
d. Emphysema; asthma, or other disease of lungs, or respiratory organs?	<input checked="" type="radio"/> N <input type="radio"/> Y	l. Paralysis, or any other physical impairment or deformity?	<input checked="" type="radio"/> N <input type="radio"/> Y
e. End stage renal disease; disease of kidney?	<input checked="" type="radio"/> N <input type="radio"/> Y	m. Chronic Fatigue Syndrome/Fibromyalgia?	<input checked="" type="radio"/> N <input type="radio"/> Y
f. Kidney stones; bladder?	<input checked="" type="radio"/> N <input type="radio"/> Y	n. Diseases of the eye, ear, nose, or throat? Disease or disorder which has led or may lead to a permanent or progressive loss of vision, hearing or speech?	<input checked="" type="radio"/> N <input type="radio"/> Y
g. Male or female organs; or infertility?	<input checked="" type="radio"/> N <input type="radio"/> Y	o. Alcoholism or drug habit?	<input checked="" type="radio"/> N <input type="radio"/> Y
h. Cancer, and/or cancerous tumor; including skin cancer?	<input checked="" type="radio"/> N <input type="radio"/> Y		

6. Has anyone on this application been advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed within the past 5 years?	<input checked="" type="radio"/> N <input type="radio"/> Y
7. Within the past 5 years, has anyone on this application seen a health care provider or specialist for a routine physical/wellness exam, or been seen for any reason not previously disclosed?	<input checked="" type="radio"/> N <input type="radio"/> Y

<input type="radio"/> Employee last name H L A D U N	First Name T A R A S	MI []	Height (ft/in) 5' 11"	Weight (lbs) 185
<input type="radio"/> Dependent 1 last name	First Name	MI	Height (ft/in)	Weight (lbs)
<input type="radio"/> Dependent 2 last name	First Name	MI	Height (ft/in)	Weight (lbs)
<input type="radio"/> Dependent 3 last name	First Name	MI	Height (ft/in)	Weight (lbs)
<input type="radio"/> Dependent 4 last name	First Name	MI	Height (ft/in)	Weight (lbs)