

Employee Health Questionnaire



Group name				Benefits: ☐ Employee only ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family			
Name	Date of birth (MM/DD/YYYY)	Height	Weight	Name	Date of birth (MM/DD/YYYY)	Height	Weight
Employee				Spouse			
Dependent 1				Dependent 2			
Dependent 3				Dependent 4			
Dependent 5				Dependent 6			

Please answer the following questions for yourself AND any eligible dependents

Please note that no one will be denied benefits on an individual basis due to answers provided below.

- Has anyone been treated for a serious illness, been hospitalized or had surgery in the past five years, is currently hospitalized or been advised that medical treatment, diagnostic testing, surgery, or hospitalization is necessary with the exception of AIDS/HIV? ☐ Yes ☐ No
If "Yes", please explain below.
- Has anyone been treated for a COVID-19 illness? ☐ Yes ☐ No
If "Yes", please explain below.
- Is anyone currently being treated or been advised to seek treatment or counseling for any of the following? ☐ Yes ☐ No
If "Yes", please check condition(s) that apply.

☐ Cancer	☐ Kidney disorder	☐ Diabetes	☐ Chronic respiratory disease
☐ Chemical dependency	☐ Transplants	☐ Chemical dependency/alcoholism	☐ Muscular disorder
☐ Blood disorders	☐ Heart disease	☐ Brain tumor	☐ Mental illness
☐ Obesity	☐ Crohn's Disease/ulcerative colitis	☐ Back/spinal disorder	☐ Nervous system disorders
☐ High blood pressure	☐ Liver disease	☐ Stroke	
☐ Currently pregnant? If yes, due date:		☐ Other: _____	

 If "Yes", please explain below.
- Do you or your dependents regularly take medication? ☐ Yes ☐ No
If "Yes", please explain below.
- In the past five years have you or any of your dependents been diagnosed with AIDS or HIV? ☐ Yes ☐ No
If "Yes", please explain below.

Explain "Yes" answer to any question. Give complete details to avoid delay. Attach a separate sheet of paper if necessary.

Question no.	Individual name	Diagnosis	Treatment	Medication	Onset date	Treatment date(s)	Hospitalized	Surgery	Recovered
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

