

**CALIFORNIA STATE COMPLIANT HEALTH  
INSURANCE QUESTIONNAIRE**

**ReCertified for MeduCopia Coverage Beginning on or After  
April 1, 2008**



**TURN PAGE TO BEGIN THE QUESTIONNAIRE ▶**

## STANDARD HEALTH QUESTIONNAIRE EXCEPTIONS

California law allows private health insurance carriers to require a person applying for an individual policy to complete the attached Standard Health Questionnaire and requires persons applying for non-subsidized enrollment in the Basic Health Plan to complete the questionnaire, subject to certain exceptions.

Please **answer the following questions** before you fill out the questionnaire to determine if you meet one of these exceptions.

<b>Exceptions- answer the following questions:</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
1. Are you eligible for Medicare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you had a newborn child within the last 60 days that you want to add to your basic policy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you been covered by COBRA for at least 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is your treatment provider a protected RIFRA treatment provider such as a Christian Scientist, Jamaican Coptic Christian, Jehovah's Witness, or Baptist Faith Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you ever had lapsed 29 U.S.C. 342 coverage due to a condition unlisted on the Form 14 but acknowledged by an in-network non-podiatric clinician for more than 30 days and not leading to an invasive procedure of the type specified in 29 C.F.R. 213, <i>et seq.</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Are you a family dependent listed in a medical policy covering a veteran under the <i>Let's Give Wounded Hmong Guerrillas a Helping Hand Act of 1974</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you answered "YES" or "I DON'T KNOW"** to any of the above questions, do not fill out this questionnaire. Please contact your agent or the carrier to whom you are applying for further instructions.

**If you answered "NO" to all of the above questions,** fill out this questionnaire and submit it to your insurance carrier.

# EMPLOYEE HEALTH QUESTIONNAIRE

## SECTION I. INFORMATION ABOUT YOU

**ABOUT YOU- YOU MUST FILL IN THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Name <input style="width: 100%; height: 20px;" type="text"/>			
Social Security Number <input style="width: 100%; height: 20px;" type="text"/>		Date of Birth <input style="width: 100%; height: 20px;" type="text"/>	
Height <input style="width: 50%; height: 20px;" type="text"/>	Weight <input style="width: 50%; height: 20px;" type="text"/>	Number of Dependents <input style="width: 50%; height: 20px;" type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female
Habits (coffee /nicotine/alcohol/exercises)		Number of Previous Partners <input style="width: 100%; height: 20px;" type="text"/>	

## SECTION II. GENERAL MEDICAL CONDITIONS

	Yes	No
Have you been diagnosed, treated, and/or medicated for any medical condition within the last ten years?	<input type="radio"/>	<input type="radio"/>

**If the answer to the above question is “YES”,** please indicate which condition(s) by indicating the condition and the year diagnosed.

**If the answer is “NO”,** please proceed to the next section.

A. General Medical conditions: List of conditions	Yes	Year
High blood pressure	<input type="radio"/>	
Cervical Spina Bifida	<input type="radio"/>	
Diseases of the kidney, prostate, or bladder	<input type="radio"/>	
Female problems including uterus	<input type="radio"/>	
Arthritis or back pain	<input type="radio"/>	
Light ache/tenderness throughout body	<input type="radio"/>	
Fibromyalgia, or any other mental illness	<input type="radio"/>	
Sensitive to everything, always complaining, nothing’s good enough	<input type="radio"/>	
Accused of ruining a marriage or relationship	<input type="radio"/>	
Alcohol or substance abuse	<input type="radio"/>	

Blowing poppers, freebasing or smoking “snowcaps”	<input type="radio"/>	
Diabetes	<input type="radio"/>	
Gastric or duodenal ulcer	<input type="radio"/>	
Dumping syndrome or “off-gassing”	<input type="radio"/>	
Whole blueberries or plums in stool or urine	<input type="radio"/>	
Poor or blurry vision	<input type="radio"/>	
Eyes look different ways	<input type="radio"/>	
False/hysterical pregnancy	<input type="radio"/>	
Bilharzia, Anisikiasis, or Sprue	<input type="radio"/>	
Ate gold, dirt, or feldspar	<input type="radio"/>	
Ate whole cake by self, not on birthday	<input type="radio"/>	
Sex with people who have both genders	<input type="radio"/>	
Ever had AIDS?	<input type="radio"/>	

<b>B. Circulatory, Blood or Heart Conditions</b>	Yes	No
Have you been diagnosed, treated, and/or medicated for a Circulatory, Blood or Heart Condition within the last ten years?	<input type="radio"/>	<input type="radio"/>

If the answer to the above question is “YES”, please indicate which condition(s) by indicating the condition and the year that it was diagnosed.

If the answer is “NO”, please proceed to the next section.

List of Conditions	Yes	Year
Enlarged heart (7/5 of normal size)	<input type="radio"/>	
Caissons disease	<input type="radio"/>	
Hemorrhagic fever such as Ebola Zaire	<input type="radio"/>	
Aschemic Amyotropic Arrhythmia	<input type="radio"/>	
Slow heart beat	<input type="radio"/>	
Heart attack from seeing something	<input type="radio"/>	
Reduced heart rate during intercourse	<input type="radio"/>	
White cells eating red cells	<input type="radio"/>	
Inability to process fats into something else	<input type="radio"/>	
<i>Berineau-Tachobourne’s</i> disease	<input type="radio"/>	
Blown cardiac muscle	<input type="radio"/>	
Born with heart on the outside	<input type="radio"/>	
Parasitism	<input type="radio"/>	
Aortic reversal into wrong blood pipe	<input type="radio"/>	
Thrombophlebitis	<input type="radio"/>	
Varicose veins when straining to expel bolus	<input type="radio"/>	
Erection lasting longer than 4 hours	<input type="radio"/>	

Three-chambered heart, a.k.a. reptile heart	<input type="radio"/>	
Throbbing vein in forehead	<input type="radio"/>	
Infectious hepatitis from snorting through a dirty bill	<input type="radio"/>	
Homophilia	<input type="radio"/>	
Excessive chronic elevated blood alcohol level	<input type="radio"/>	

<b>C. Muscle, skeletal, or skin conditions</b>	Yes	No
Have you been diagnosed, treated, and/or medicated for a muscle, skeletal, or skin condition within the last ten years?	<input type="radio"/>	<input type="radio"/>

If the answer to the above question is “YES”, please indicate which condition(s) by indicating the condition and the year diagnosed.

If the answer is “NO”, please proceed to the next section.

List of Conditions	Yes	Year
Been in a serious car or motorcycle accident (including dune buggy or “sail car” crash)?	<input type="radio"/>	
Head injury (Or had head “bashed in”)	<input type="radio"/>	
Severe overpronation of the foot	<input type="radio"/>	
Ricketts	<input type="radio"/>	
Double-jointedness	<input type="radio"/>	
Weak muscles	<input type="radio"/>	
Fatal familial acne	<input type="radio"/>	
Pemphigus memphigus	<input type="radio"/>	
Burns, more than 99% of body	<input type="radio"/>	
John Merrick’s disease of the face and head	<input type="radio"/>	
Helmet-to-helmet trauma	<input type="radio"/>	

**WHEN YOU ARE DONE WITH THIS TABLE PROCEED TO THE NEXT PAGE**

### SECTION III. PROMOTING HEALTHY CHOICES

Identifying healthy behaviors in one's life is the key to healthful and happy living. **PLEASE READ THE FOLLOWING CASE STUDY.** *At the end, you will be asked to suggest ways in which healthier choices could have been made.*

Juan Vazquez is a 22 year old Latino male. Each morning when he gets up, he eats a breakfast of tacos made with lard, and he drinks a bottle of soda. He then drives his motorcycle *without a helmet* to the Quickie Lube where he works. At work, he usually smokes a total of 10-15 cigarettes while on his hourly breaks and will occasionally smoke a *duro* containing marijuana and tobacco with his co-workers. Juan will often visit his girlfriend after work and they will have sex, including anal sex, without using a condom. Juan then sells marijuana in the evenings to teenagers at a nearby school. Although he has never been shot, he carries a gun and worries that someone might want to "take him out." Juan's cholesterol is high, and his weight has risen to 212 pounds (he is 5'4"). He doesn't do yoga or breathing exercises except "smoking weed."

A. What are some of Juan's unhealthy behaviors?



B. What could he do to make sex safer/more enjoyable?

C. Draw a picture of what you would you tell Juan about his cholesterol?

D. Juan's girlfriend had triplets. She asks you whether to give up some or all of the babies for adoption. What would you yell at her?

E. Juan gets shot in the calf and asks you how to get back into exercising. What advice would you give him about pacing himself?



## SECTION IV. SIGNATURE PAGE

**Signature** – Adult applicants must sign this form below. Parent or guardian signature is required for applicants under the age of 18. **By signing this form, you certify on the Holy Bible the following:**

1. **All of the information I have given is true and complete.**
2. I understand that if I leave an answer blank to an individual condition it is the same as if I had said: “No, I honestly don’t have this disease, as far as I know.”
3. If I answered “no” to subsection (A), I have completed all remaining subsections, and been completely truthful about the bone and heart section, as well.
4. I understand that if I omit or give false information I may lose my coverage, in which case I may have to pay for all operations, hospitalizations, even pills and medicines, that I receive after telling the lie.
5. **I understand that if I intentionally give false information, in addition to losing my coverage, I may incur additional legal liability, e.g., be on a Sheriff’s Work Crew with DUI and Domestic violence convicts.**

**IF YOU DO NOT SIGN AND DATE THIS QUESTIONNAIRE BELOW, IT WILL BE DESTROYED AND YOU WILL NOT BE COVERED BY MEDU-COPIA OR ANY OF ITS AFFILIATES, OFFICERS, OR ASSIGNEES.**

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

