

**ADDITIONAL HEALTH QUESTIONNAIRE
 CONFIDENTIAL MEDICAL INFORMATION**

NAME: _____
SURNAME: _____
ID/PASSPORT: _____

IMPORTANT: This questionnaire must be completed by each policy member who has declared a health on the enrolment form. Please send this questionnaire, with your enrolment form, in a sealed and addressed envelope, to be revised by our Medical Department (Dept. Actuarial).

Vision refractive problem, please specify: (myopia, hyperopia, etc.) _____
 No. of diopres in right eye: _____ No. of diopres in left eye: _____

If you are pregnant, please indicate the number of weeks _____
 Are you aware of any circumstance that could adversely affect the course of the pregnancy or birth? Yes No
 Has any anomaly/deformation/illness been detected in the foetus? Yes No
 If you have answered yes to either of these questions, please attach the relevant medical reports to this form.

Please indicate the problem and mark with an X if the problem is Actual <input type="checkbox"/> A or in the problem is in the Past <input type="checkbox"/> P	Please indicate Problem 1			Please indicate Problem 2			Please indicate Problem 3			Please indicate Problem 4		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
Start date:												
End date:												
Please specify the cause (e.g. illness, accident, from birth, due to pregnancy, etc.):												
Please specify the exact location (e.g. left leg, right arm, ear, etc.):												
Please indicate the type of treatment, if any (e.g. medical, surgical, etc.):												
Please specify the consequences (e.g. lameness, blindness, etc.):												
Please specify if you have any prosthetic or surgical implants (bone mineral, etc.):												
Please specify any diagnostic tests or treatments in the foreseeable future:												
Please indicate the actual situation with respect to the declared problem (e.g. cured, slight pain, etc.):												

PLEASE ATTACH COPIES OF ALL MEDICAL REPORTS RELEVANT TO THE PROBLEMS DECLARED IN THIS FORM

Date: _____

Signed: _____