

CONFIDENTIAL MEDICAL INFORMATION SHEET

Please answer the following questions correctly and completely.

1. ADMINISTRATIVE DETAILS

Last name

First name

Home address

Date of birth / /

Affiliation number

2. IMPORTANT REMARK

The affiliation procedure can be significantly sped up if you include in this information sheet any relevant medical file already in your possession.

3. MEDICAL QUESTIONNAIRE

1.a. Were you already examined prior to taking out an insurance policy? Yes No

1.b. Was the insurance policy refused for medical reasons or only allowed with an increased premium? Yes No

2.a. What is your current weight? kg

2.b. What is your length? cm

2.c. Has your weight increased with more than 5 kg in the past years? Yes No

2.d. Has your weight decreased with more than 5 kg in the past years? Yes No

2.e. Do you know your normal blood pressure? Yes No

2.f. If so, what is your normal blood pressure? /

3.a. Were you unable to work (or study) for more than 3 weeks in the past 5 years? Yes No

3.b. Are you currently unable to work? Yes No

If you answered 'yes' to one of the questions above (except 2.e.), please specify the reason, date and any treatments:

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4.a. Were you hospitalised in the past 10 years? Yes No

4.b. Were you the victim of a traffic incident in the past 10 years? Yes No

4.c. If so, did you sustain any degree of permanent disability? Yes No

4.d. If so, what degree? %

4.e. Do you or did you already consult a specialist physician? Yes No

4.f. Do you regularly take medicines? Yes No

- 4.g. Have you already had surgery? Yes No
- 4.h. Have you already had radiotherapy or chemotherapy? Yes No
- 4.i. Have you already had a radiographic test, ultrasound, scanner, MRI or NMR? Yes No
- 4.j. Have you already take an electrocardiogram, electro-encephalogram or electrophysiological test? Yes No
- 4.k. Has a blood test been performed? Yes No

If you answered 'yes' to one of the questions above, please specify the reason, date, any treatments, your current condition (in the event of an accident, please clarify the circumstances):

- 5.a. Do you smoke currently? Yes No
- 5.b. Did you use to smoke? Yes No
- 5.c. If so, when did you stop smoking (year)?
- 5.d. Do or did you have alcohol problems? Yes No
- 5.e. Do or did you use narcotics or stimulants? Yes No

If you answered 'yes' to questions 5.d. or 5.e., please specify the use, date and any treatments:

DO OR DID YOU SUFFER FROM AN AFFLICTION INVOLVING, OR DO OR DID YOU HAVE COMPLAINTS INVOLVING:

- 6.a. the respiratory organs (nasal congestion, sinusitis, hoarseness, bronchitis, asthma,...) Yes No
- 6.b. the heart or circulatory system (blood pressure, palpitations, angina pectoris, heart attack, heart murmur, oedemas, varicose veins,...) Yes No
- 6.c. the gastrointestinal tract (oral disease, inflammation of the oesophagus, inflammation of the stomach, ulcer, gastric or intestinal bleeding, Crohn's disease, Colitis Ulcerosa, afflictions of the liver, gall, pancreas,...) Yes No
- 6.d. the bones, joints or muscles (rheumatism, osteoporosis, tendinitis, spinal afflictions, lumbago, ischias,...) Yes No
- 6.e. the kidneys, bladder, urinary tract (kidney stones, kidney or bladder infections, incontinence, nephropathy,...) Yes No
- 6.f. the reproductive organs (afflictions of the prostate, uterus, breasts, ovaries,...) Yes No
- 6.g. the ears or balance organ (runny ear, hearing problems, afflictions of the tympanic membrane, tinnitus, cholesteatoma,...) Yes No
- 6.h. the endocrine organs and metabolism (thyroid gland, pituitary gland, adrenal glands, diabetes, gout,...) Yes No
- 6.i. the blood and haematopoietic organs (anaemia, platelet shortage, coagulation disorder, lymphoma,...) Yes No
- 6.j. the skin (eczema, psoriasis, severe acne,...) Yes No
- 6.k. the nervous system (paralysis, epilepsy, multiple sclerosis, chronic pains, ...) Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

DO OR DID YOU SUFFER FROM:

- 7.a. Specific infection (hepatitis, aids, tuberculosis, sexually transmitted infection, Lyme's disease, tropical disease,...) Yes No
- 7.b. Cancer Yes No
- 7.c. Allergy (hayfever, asthma, eczema,...) Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

EYE DISEASES:

- 8.a. Do you wear glasses or lenses Yes No
- 8.b. If you suffer from myopia please mention correction grade: left: right:
- 8.c. Do you or did you suffer from another disease of the eyes or sight (eye trauma, eye inflammation, cataract, glaucoma, daltonism,...) Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

PSYCHIATRIC AND PSYCHOLOGICAL CONDITIONS:

- 9.a. Did you suffer from psychiatric or psychological troubles (for example : stress, anxiety, depression, memory troubles, hallucination, psychosis, boulimia, anorexia, suicide attempt,...) Yes No
- 9.b. Do you presently suffer from psychological problems ? Yes No
- 9.c. Did you ever consult a psychiatrist, a psychologist, an analyst,... Yes No
- 9.d. Did you ever take medication against psychological or psychiatric problems ? Yes No
- 9.e. Have you ever been unable to work or to follow lessons because of psychological or psychiatric problems ? Yes No
- 9.f. Have you ever been hospitalised because of psychological or psychiatric problems ? Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

OBSTETRICAL PROBLEMS (ONLY FOR WOMEN):

- 10.a. Did you have complicated pregnanci(e)s ? Yes No
- 10.b. Did you have complicated deliveri(e)s ? Yes No
- 10.c. Have you ever suffered from post-partal depression ? Yes No
- 10.d. Are you currently pregnant ? Yes No
- 10.e. If so, what is the probable delivery date ? Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

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FUTURE HEALTH ISSUES:

- 11.a. Is an hospitalisation planed within the next 6 month ? Yes No
- 11.b. Is a surgical intervention planed within the next 6 month ? Yes No
- 11.c. Is a specialist consultation planed within the next 6 month ? Yes No

If you answered 'yes' to one of the questions above, please specify the diagnosis, date, any treatments and the current situation:

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OTHER:

If you suffer or have suffered from a disease not mentioned in the above list, please give details (sort of disease, date, treatment, evolution, situation today) :

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Drawn up in _____ on _____

Signature of the insured, mentioning "read and approved":

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