

GENERALI SALUD OPCION FAMILY

Health condition questionnaire

below are a series of questions about the health condition for every assured. You should reply YES or NO to every question.

In case of affirmative answer, indicate name and surname of the insured concerned, diseases, surgeries, medical treatments, its date and the current situation should be stated in the Health Questionnaire Further Information.

Have any of the insured had or do they have diseases such as the following?

1. Chronic hoarseness, asthma, chronic bronchitis, pleurisy, pneumonia, pulmonary tuberculosis or other respiratory system diseases.	Yes	No
2. Palpitations, tightness of the chest, syncope, angina pectoris, congenital heart defect, high blood pressure, phlebitis, varicose veins or other circulatory system diseases.	Yes	No
3. Headache, insomnia, dizziness, fainting, epilepsy, stroke, paralysis, mental disorders, nervous depression or other nervous system diseases. Are you taking any medicine?	Yes	No
4. The digestive system: stomach or intestinal disorders, ulcers, polyps, liver, pancreas or gallbladder diseases, haemorrhoids, rectal fistula or other diseases.	Yes	No
5. Metabolism or endocrine disorders.	Yes	No
6. Ear diseases, repetitive infections, eye disorders (grade).	Yes	No
7. Eye diseases, repetitive infections, eye disorders (grade).	Yes	No
8. Diseases of the bones or joints, rheumatism, spinal conditions, lumbago, sciatica.	Yes	No
9. Skin diseases. Allergies, psoriasis.	Yes	No
10. Oedema or drainage of the lymph nodes.	Yes	No
11. Kidney, urethra, bladder or prostate diseases. Presence in urine of albumin, sugar, blood, pus or gravel, etc.	Yes	No
12. Infectious diseases: viral, bacterial or other (repetitive angina, typhoid, hepatitis, meningitis or HIV infections such as AIDS and associated diseases).	Yes	No
13. Diseases or disorders not mentioned above, diabetes, blood diseases, gout, hernia, goitre, tumour, cancer, muscle wasting, paralysis, disfigurement or mutilation of a limb, etc.	Yes	No
14. Have any of the insured been treated in a hospital, a sanatorium or undergone any surgery? Are they going to be admitted to hospital soon?	Yes	No
15. Have any of the insured receive treatment involving physiotherapy, radiotherapy, chemotherapy or radioactive substances, etc.?	Yes	No
16. Have any of he insured been the victim of accident or poisoning?	Yes	No
17. Have any of the insured undergo a radiology examination, electrocardiogram or encephalogram?	Yes	No
18. Do any of the insured suffer from, or have they had, any gynaecological, obstetric or breast disease?	Yes	No

Health Questionnaire Further Information

Insured's full name

No. of the "yes" question

Description of the disease, surgery, treatment or medication in question, its date and the current situation.

THE INSURANCE POLICY DOES NOT COVER TREATMENT OF ANY PATHOLOGIES AND DISEASES EXISTING AT THE TIME OF SIGNATURE OF THE INSURANCE CONTRACT.

IF WHEN USING THE INSURANCE POLICY IT WILL BE DISCOVERED THAT FALSE INFORMATION ABOUT HEALTH CONDITION WAS PROVIDED DURING SIGNATURE OF THE CONTRACT THE COMPANY MAY DISSOLVE THE CONTRACT BEFORE TERM

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