

## GENERALI SALUD OPCION SINGLE

### Health condition questionnaire

Below is 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 diseases, surgeries, medical treatments, its date and the current situation.

**Has the insured had or does he/she have diseases such as the following?**

1. Chronic hoarseness, asthma, chronic bronchitis, pleurisy, pneumonia, pulmonary tuberculosis or other <b>respiratory system</b> diseases.	Yes	No
2. Palpitations, tightness of the chest, syncope, angina pectoris, congenital heart defect, high blood pressure, phlebitis, varicose veins or other <b>circulatory system</b> diseases.	Yes	No
3. Headache, insomnia, dizziness, fainting, epilepsy, stroke, paralysis, mental disorders, nervous depression or other <b>nervous system</b> diseases. Are you taking any medicine?	Yes	No
4. <b>The digestive system:</b> stomach or intestinal disorders, ulcers, polyps, liver, pancreas or gallbladder diseases, haemorrhoids, rectal fistula or other diseases.	Yes	No
5. Metabolism or <b>endocrine</b> disorders.	Yes	No
6. <b>Ear</b> diseases, repetitive infections, eye disorders (grade).	Yes	No
7. <b>Eye</b> diseases, repetitive infections, eye disorders (grade).	Yes	No
8. Diseases of the bones or joints, rheumatism, spinal conditions, lumbago, sciatica.	Yes	No
9. <b>Skin</b> diseases. Allergies, psoriasis.	Yes	No
10. Oedema or drainage of the lymph nodes.	Yes	No
11. Kidney, urethra, bladder or prostate diseases. Presence in <b>urine</b> of albumin, sugar, blood, pus or gravel, etc.	Yes	No
12. Infectious diseases: <b>viral, bacterial or other</b> (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. Has the insured been treated in a hospital, a sanatorium or undergone any surgery? Is he/she going to be admitted to hospital soon?	Yes	No
15. Has the insured receive treatment involving physiotherapy, radiotherapy, chemotherapy or radioactive substances, etc.?	Yes	No
16. Has the insured been the victim of accident or poisoning?	Yes	No
17. Has the insured undergo a radiology examination, electrocardiogram or encephalogram?	Yes	No
18. Does the insured suffer from, or has had, any gynaecological, obstetric or breast disease?	Yes	No

**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**