

Declaration of health

Insured person

Policy number

Declaration of the person to be insured

1. Present occupation

2. Height (in cm) and weight (in kg)

3. Do you consider yourself to be completely healthy, relative to full-time employment?

Yes

No

If **no**, why not?

4. Do you suffer from a physical defect?

Yes

No

If **yes**, from what?

5. Do you take or have you taken medication for a longer period of time?

Yes

No

If **yes**, provide details:

which medication? when? how often?

6. Did you have to interrupt work for more than 3 consecutive weeks due to an illness or an accident during the last 5 years?

Yes

No

Nature of illness/accident

Duration of illness/accident
from

until

7. Have you had to follow a regimen or take the waters at a doctor's request within the past 5 years?

Yes

No

Falls **ja**, welche Art? Wann? Wo?
