MEDICAL EXAMINATION FORM Swiss life insurance companies									
Physician, stamp (exact address)					ompany				
				Po	Policy-/application no.				
	nse note	اممد	l:	and fill in the		himself /hayself if passible			
	e ask the physician to go through these questions together with the ease use block letters and write legibly. Thank you.	аррі	iicant	and fill in the	answers	nimseit/nerseit it possible.			
■ Insurers are prohibited by law from requesting the results of antenatal or presymptomatic genetic tests (testing to see whether a person is predisposed to illness before symptoms appear) unless certain conditions are met. If the preconditions for the right to ask questions are met, the investigation shall be carried out by using a separate form. Therefore, such findings do not have to be specified in the present questionnaire. Results which are voluntarily submitted may not be used by the insurers. Genetic examinations for diagnostic purposes, i.e. to clarify symptoms of illness which have already occurred, are not affected by this legal provision and must be declared.									
	licant's personal details								
Surn	ame, first name		Date	of birth		Description of the current	occupation		
L Addr	000	Г	Postcode City Country				Country		
Auui	ess	F	20810	code		City	Country		
	lical history								
No. 01	Questions Do you exercise or practise sport regularly?	No '		If yes, plea	ase exp	olain in detail (for all qu	estions)		
				How often?			C Oimana	□ Dia -	
02	Have you consumed or smoked tobaccos or nicotine in any other form in the past 3 years?			☐ Something	g else (e.	☐ E-Cigarettes g. water pipe, chewing tobacco		☐ Pipe	
03	Do you drink alcohol?			Daily amount Which drinks		When was the	e last time?		
				How much? How often?					
04	Are you or have you been, in the last 10 years, in consultation or treatment in connection with your consumption of alcohol (incl. special clarifications/examinations/advising centre)?			When? By whom? Na	ame and	address			
05	Do you take drugs or have you taken any in the past 10 years?			Which? How long?		How often? When was the	e last time?		
06	Do you take medication regularly or repeatedly or have you done so in the past 5 years or have been described medications in the same period?			Which? Why?		How often?			
07 a.	Have you ever been hospitalised?			Why? When?		Trom whom to	, whom.		
b.	Did you undergo endoscopies of the joints or body cavities,			Why?					
C.	catheter examinations or other surgical procedures? Do you currently present any illnesses/health conditions/			When? Which?					
	consequences of accidents?								
u.	Is your ability to work or gain income limited in any way?			Why? Since when? Degree/Exter					
e.	Have you been completely or partially unable to work without interruption for more than 4 weeks during the last 5 years?			Why? From when to	o when?				
f.	Did you ever apply for any medical, educational, professional or other measures at an insurance?			Which insura When? Why?	ince?				
08	Have your parents, siblings or grandparents had any diseases of the nervous system, cardiac diseases, strokes, diabetes, cancer or hereditary diseases before the age of 55?			Wich disease					
Date and signature of the applicant			ate			Signature			

with , such as asthma, recurrent or chronic ulmonary tuberculosis or other problems? ystem, such as high blood pressure, int attack, heart defect, heart failure, cardiac bits, varicose veins or other problems? uch as hiatus hernia, gastric or ions/ haemorrhages, haemorrhoids, jaundice, pladder, pancreas or other problems? ual organs, such as diseases of der, prostate or testicles, uterus se of the female breast, kidney/bladder in the urine or other problems? uch as epilepsy, dizziness, headache, or problems or other disorders? understand disease or other disorders? understand disease or other disorders? understand diseases, hepatitis, Lyme understand diseases, laterated diseases, hepatitis, Lyme understand diseases, hepatitis, Lyme understand diseases, hepatitis, Lyme understand disea	No.		Questions	No Ye	Yes If yes, please explain in detail (for all questions)				
ulmonary tuberculosis or other problems? ystem, such as high blood pressure, rt attack, heart defect, heart failure, cardiac bitis, varicose veins or other problems? uch as hiatus hernia, gastric or itions/ haemorrhages, haemorrhoids, jaundice, ladder, pancreas or other problems? ual organs, such as diseases of der, prostate or testicles, uterus as of the female breast, kidney/bladder in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other problems? uch as epilepsy, dizziness, headache, in the urine or other resorders of the interver— uch as epilepsy, dizziness, headache, in the urine or other resorders, interver— uch as epilepsy, dizziness, headache, in the urine or other resorders, interver— uch as epilepsy, dizzines, headache, in the urine or other resorders, interver— uch as epilepsy, dizzines, end che, interver— uch as epilepsy, dizines, leaved of the inter	09		Do you or did you have, in the last 10 years, any diseases, disorders or problems connected with			Which?		When? Duration? Cured?	Physicians/other therapists with addresses:
art attack, heart defect, heart failure, cardiac bitis, varicose veins or other problems? uch as hiatus hernia, gastric or ions / haemorrhages, haemorrhoids, jaundice, bladder, pancreas or other problems? utal organs, such as diseases of der, prostate or testicles, uterus as of the female breast, kidney / bladder in the urine or other problems? uch as epilepsy, dizziness, headache, er problems? uch as epilepsy, dizziness, headache, er problems? uch as epilepsy, dizziness, headache, er problems? uental disorders such as depression, psychosomatic disorders, burnout ustern (bones, joints, spine, interveraments, tendons), such as disorders of the arthrosis, rheumatism or other problems? sed visual acuity or refraction power, cataract a, retinal disease or other disorders? difficulties, inflammation, tinnitus d, such as diabetes mellitus, elevated al disturbances (thyroid gland, adrenal glands), urbances or other disorders? infectious diseases, such as insmitted diseases, hepatitis, Lyme so or other disorders? urallergies, e.g. to foods, pollen, s (benign or malignant)? urdependence on medications, alcohol, substances? ur or problems not listed above? utations or treatments, a hospital stay or any or problems not listed above? utations or treatments, a hospital stay or any or recommended? ohysicians, chiropractors, osteopaths, therapists or other medical therapists o			the respiratory organs , such as asthma, recurrent or chronic bronchitis, pneumonia, pulmonary tuberculosis or other problems?						
tions/haemorrhages, haemorrhoids, jaundice, pladder, pancreas or other problems? total organs, such as diseases of der, prostate or testicles, uterus as of the female breast, kidney/bladder in the urine or other problems? toth as epilepsy, dizziness, headache, are problems? tental disorders such as depression, psychosomatic disorders, burnout stem (bones, joints, spine, interveraments, tendons), such as disorders of the arthrosis, rheumatism or other problems? sed visual acuity or refraction power, cataract a, retinal disease or other disorders? difficulties, inflammation, tinnitus d. such as diabetes mellitus, elevated I disturbances or other disorders? infectious diseases, such as insmitted diseases, hepatitis, Lyme is or other disorders? infectious diseases, such as insmitted diseases, hepatitis, Lyme is or other disorders? or allergies, e.g. to foods, pollen, is (benign or malignant)? orgenital defects? or dependence on medications, alcohol, substances? or problems not listed above? or problems not listed above? orgenitations or treatments, a hospital stay or any individual or recommended? orgenitations or treatments, a hospital stay or any individual or recommended? orgenitations or treatments, a hospital stay or any individual or recommended? orgenitations or treatments, a hospital stay or any individual interval int			the heart or vascular system , such as high blood pressure, circulatory problems, heart attack, heart defect, heart failure, cardiac dysrhythmia, stroke, phlebitis, varicose veins or other problems?						
der, prostate or testicles, uterus as of the female breast, kidney/bladder in the urine or other problems? uch as epilepsy, dizziness, headache, or problems? uental disorders such as depression, psychosomatic disorders, burnout ustem (bones, joints, spine, interveraments, a hospital defects? difficulties, inflammation, tinnitus d. such as diabetes mellitus, elevated al disturbances (thyroid gland, adrenal glands), urbances or other disorders? infectious diseases, such as unsmitted diseases, hepatitis, Lyme sor other disorders? infectious diseases, such as unsmitted diseases, hepatitis, Lyme sor other disorders? infectious diseases, nepatitis, Lyme sor other disorders? infectious diseases, such as unsmitted diseases, hepatitis, Lyme sor or other disorders? infectious diseases, nepatitis, Lyme sor or other disorders? infectious diseases, and as unsmitted diseases, hepatitis, Lyme sor or other disorders? infectious diseases, and as unsmitted diseases, hepatitis, Lyme sor or other disorders? infectious diseases, and as unsmitted diseases, hepatitis, Lyme sor or other disorders? infectious diseases, und as unsmitted diseases, hepatitis, Lyme sor or other disorders? infectious diseases, und as unsmitted diseases, hepatitis, Lyme sor other disorders? infectious diseases, und as unsmitted diseases, hepatitis, Lyme sor other disorders? infectious diseases, und as unsmitted diseases, hepatitis, Lyme sor other disorders? infectious diseases, und			the digestive system , such as hiatus hernia, gastric or intestinal ulcer/inflammations/haemorrhages, haemorrhoids, jaundice, diseases of the liver, gall bladder, pancreas or other problems?						
reproblems? retental disorders such as depression, psychosomatic disorders, burnout retem (bones, joints, spine, interveraments, tendons), such as disorders of the arthrosis, rheumatism or other problems? sed visual acuity or refraction power, cataract a, retinal disease or other disorders? difficulties, inflammation, tinnitus			the urinary tract or sexual organs, such as diseases of the kidneys, ureters, bladder, prostate or testicles, uterus or ovary diseases, illnesses of the female breast, kidney/bladder stones, blood or protein in the urine or other problems?						
psychosomatic disorders, burnout stem (bones, joints, spine, interveraments, tendons), such as disorders of the arthrosis, rheumatism or other problems? sed visual acuity or refraction power, cataract a, retinal disease or other disorders? Diopters: left a, retinal disease or other disorders? difficulties, inflammation, tinnitus dt, such as diabetes mellitus, elevated disturbances (thyroid gland, adrenal glands), urbances or other disorders? infectious diseases, such as insmitted diseases, hepatitis, Lyme is or other disorders? st (benign or malignant)? st (benign or malignant)? ongenital defects? or problems not listed above? substances?			the nervous system , such as epilepsy, dizziness, headache, paralysis, neuritis or other problems?						
aments, tendons), such as disorders of the arthrosis, rheumatism or other problems? sed visual acuity or refraction power, cataract a, retinal disease or other disorders? difficulties, inflammation, tinnitus			the mental state , i.e. mental disorders such as depression, anxiety, stress, eating or psychosomatic disorders, burnout or other problems?						
a, retinal disease or other disorders? difficulties, inflammation, tinnitus d, such as diabetes mellitus, elevated I disturbances (thyroid gland, adrenal glands), turbances or other disorders? infectious diseases, such as insmitted diseases, hepatitis, Lyme is or other disorders? or allergies, e.g. to foods, pollen, s (benign or malignant)? ongenital defects? dependence on medications, alcohol, substances? or problems not listed above? stations or treatments, a hospital stay or any dor recommended? physicians, chiropractors, osteopaths, therapists or other medical urs that have not already been why? last consult? why?			the musculoskeletal system (bones, joints, spine, interver- tebral discs, muscles, ligaments, tendons), such as disorders of the back, neck or shoulders, arthrosis, rheumatism or other problems?						
d, such as diabetes mellitus, elevated I disturbances (thyroid gland, adrenal glands), surbances or other disorders? infectious diseases, such as unsmitted diseases, hepatitis, Lyme is or other disorders? or allergies, e.g. to foods, pollen, s (benign or malignant)? ongenital defects? r dependence on medications, alcohol, substances? or problems not listed above? I suicide? Itations or treatments, a hospital stay or any dor recommended? ohysicians, chiropractors, osteopaths, therapists or other medical irs that have not already been why? last consult? A why?			the eyes , such as decreased visual acuity or refraction power, cataract (lens opacity) or glaucoma, retinal disease or other disorders?			Diopters: left	/right		
disturbances (thyroid gland, adrenal glands), curbances or other disorders? infectious diseases, such as			the ear , such as hearing difficulties, inflammation, tinnitus or other disorders?						
Insmitted diseases, hepatitis, Lyme Is or other disorders? In allergies, e.g. to foods, pollen, In allergies, e.g. to foods, pollen, pol		•	the metabolism or blood , such as diabetes mellitus, elevated cholesterol, gout, hormonal disturbances (thyroid gland, adrenal glands), anaemia, coagulation disturbances or other disorders?						
s (benign or malignant)? ongenital defects? dependence on medications, alcohol, substances? or problems not listed above? suicide? ditations or treatments, a hospital stay or any dor recommended? physicians, chiropractors, osteopaths, therapists or other medical urs that have not already been why? last consult? \$\text{why?}\$			the immune system or infectious diseases, such as HIV infection, sexually transmitted diseases, hepatitis, Lyme disease, tropical diseases or other disorders?						
ongenital defects? dependence on medications, alcohol, substances? or problems not listed above? suicide? datations or treatments, a hospital stay or any dor recommended? physicians, chiropractors, osteopaths, therapists or other medical urs that have not already been why? last consult? ⇔ Why?			due to skin disorders or allergies , e.g. to foods, pollen, animal hair or others?						
r dependence on medications, alcohol, substances? or problems not listed above? □□ stations or treatments, a hospital stay or any dor recommended? physicians, chiropractors, osteopaths, therapists or other medical urs that have not already been Why? last consult? □ Why? Why?		m.	due to tumour diseases (benign or malignant)?						
substances? sor problems not listed above? suicide? s		n.	due to deformities or congenital defects?						
suicide? □ □ Why? Itations or treatments, a hospital stay or any □ Why? d or recommended? physicians, chiropractors, osteopaths, therapists or other medical wars that have not already been Why? last consult? □ Names and existence which was already been Why?			due to consumption of or dependence on medications, alcohol, drugs or other addictive substances?						
Itations or treatments, a hospital stay or any dor recommended? physicians, chiropractors, osteopaths, therapists or other medical therapists or other medical therapists which have not already been Why? Itations or treatments, a hospital stay or any downward with the process of the proc		p.	other illnesses, disorders or problems not listed above?						
d or recommended? physicians, chiropractors, osteopaths, therapists or other medical urs that have not already been Why? last consult? ⇒ Name and ex ⇒ Why?	10		Have you ever attempted suicide?						
therapists or other medical irs that have not already been Why? last consult? Name and ex Why?	11		Are there medical consultations or treatments, a hospital stay or any surgery currently planned or recommended?			Why?			
last consult?	12		Have you consulted any physicians, chiropractors, osteopaths, physiotherapists, psychotherapists or other medical experts in the last 5 years that have not already been						
	13		mentioned? Which physician did you last consult?	⇒				wnen?	Cured?
familiar with your medical history?				⇒		Why? When? Results?		Results?	
	14		Which physician is most familiar with your medical history?	⇒		Name and exact addre	SS		
		ere	Have you consulted any physicians, chiropracto physiotherapists, psychotherapists or other med experts in the last 5 years that have not alread mentioned? Which physician did you last consult? Which physician is most familiar with your med the above that I have answered the above the physician is most familiar with your med	dical divided history?	dical dry been	dical dry been	dical by been Why? I Name and exact addre I Why? I Name and exact addre I Why? I Name and exact addre I Name and exact addre I Name and exact addre	why? In the proof of the proo	dical dry been Why? When? Name and exact address ⇒ Why? When?
. J	ce		formation necessary for consideration of the application		:e		Signature of the	e applicant	
Date									
Date	he	ere	by confirm that I have handled each question above to	gethe	r w	ith the applicant.			
Date Date ve handled each question above together with the app	Place						Signature of the	e physician	

Medical evaluation of case history:						
*4od	isst sveminetien including uringlygig					
	ical examination including urinalysis e indicate and detail all pathological or abnormal findings. T	hank you.				
No.	Questions	No Yes	If yes, please explain in detail (for all questions)			
15 a.	Date of medical examination:	⇒				
b.	Do you personally know the person to be insured?		Personally known since:			
			Identity checked on the basis of:			
C	Have you yourself previously examined or treated the appli-		□ Passport □ ID □ Driving licence □ Residence permit When?			
0.	cant?		witch:			
			Why?			
			••••			
			Results?			
			. Accure.			
16	Height (without shoes) / Weight (without clothes)					
		⇒	cm kg			
17	Skin Are there any signs of skin disease or scars?					
18 a.	Respiratory Organs Are the results of percussion and auscultation abnormal?		Cause?			
	Are there any signs of disease of the respiratory organs?					
	The alone dry organic or another coopinatory organic.					
19	Heart and Circulation		If yes: ☐ systolic ☐ diastolic			
a.	Is there a heart murmur? Point of maximum intensity and transmission?	□□□	If yes: ☐ systolic ☐ diastolic			
	Is the heart murmur pathological?					
b.	Are there audible carotid murmurs?					
C.	Pulse rate, blood pressure	⇒	Beats per minute			
		⇔	systolic diastolic Blood pressure in mmHg			
	Diagon repeat management if the result is over 125 /05 mmUs	→ □	Blood pressure,			
	Please repeat measurement if the result is over 135/85 mmHg	7	2nd reading /			
d.	Pulse rhythm	⇒	regular irregular			
e.	Are there audible vascular sounds?		Where?			
f.	Is pulsation of the pedal arteries absent or diminished?					
g.	Are there any signs of insufficiency or decompensation (shortness of breath, cyanosis)?					
h.	Are there any varicose veins or signs of chronic venous insufficiency?					
Da	ite and signature of the physician	Date	Signature			

No.	Questions	No Ye	es	lf yes, please ex	olain in deta	ail (for all questions)								
20	Digestive Organs and Abdomen													
а	Are there any abnormalities of the teeth, tongue, tonsils, mucous membrane or throat?													
b	Are there any abnormalities on examination, palpation, percussion and auscultation of the abdomen?													
C	: Is there a hernia?													
21	Urinary Tract and Sexual Organs													
a	. For male applicants:													
	Is there any suspicion of disease of the urinary tract or sexual organs?													
t t	For female applicants: Is there any suspicion of disease of the urinary tract or sexual organs, pathological breast abnormalities or is the applicant pregnant?													
22	Nervous System / Sense Organs Are there any signs of disease of the sense organs, particularly diminished sight or hearing?													
t	Are there any indications of neurological diseases, disorders or insufficiencies e.g. motor function, reflexes, sensitivity, balance?													
23	Psyche Are there any recognisable psychological or mental abnormalities (e.g. inappropriate moodiness or abnormal behaviour) or are there indications that there are currently stressful situations or conflicts?													
24	Musculoskeletal System Are there signs of spinal disease or deformations or any other diseases of the musculoskeletal system?													
25	Other													
8	. Are there any enlarged lymph nodes?			Where?										
t	Are there any indications of endocrinological disorders?													
	. Is there any suspicion of eating disorders, alcohol abuse or drug use?													
	. Were there any other findings that could increase the risk level?													
26	Urinanalysis (urine test strip)													
	Urine contains protein?													
	Urine contains sugar? Urine contains erythrocytes?													
	Urine contains leukocytes?													
	Urine contains something else?													
	Ilf the results from the urine test strip show abnormalities, please provide urinary sediment and quantitative data	⇒		Ec Lc		Other								
Com	Commonto													
Comments:														
(fur	ther conclusions, e.g. risk factors, suggestions for examinations	s and/	or tl	nerapy)										
							Discounting of available association for the second							
								Please enclose copies of available examination findings. Thank you.						
	I hereby confirm that I have questioned and examined the applicant and have answered the above questions 15 to 26 to the best of my knowledge and in good faith.													
Plac	8	Dat	te		Signature of	f the physician								