

INSURED

1. Name and Surname: _____ **2.** DNI/NIF/PASSPORT NUMBER: _____

3. Date of Birth: ___/___/_____ **4.** Weight: _____ **5.** Height: _____

6. Blood pressure (max / min ___/___ **7.** Tobacco ___ U/D ___ **8.** Alcohol ___ U/W ___ **9.** Drugs _____

In the case that you have been affected of one of the following illnesses please indicate the illness and the date of this:

10. Disorders of the digestive apparatus, liver or gall stones, anus – rectal, hernias and hepatitis

11. Cardiac illnesses, angina, heart attacks, etc. _____

From when? _____

12. Do you have hypertension? _____ From when? _____ Medical treatment? _____

13. Vascular illnesses (varicose veins) _____

14. Respiratory illnesses (lung, pleura, bronchial, etc.) _____

15. Infectious o parasitic diseases, AIDS _____

16. Injuries in Spinal Column (lumbago, cervicobrachialgia, neck pain, discal hernias, meniscal, etc.

17. Endocrine system (diabetes, glandular disorders, thyroids etc.)

18. Blood disorders and lymph system _____

19. Psychiatric problems, mental illnesses or disorders of the nervous system _____

What type of problems (illnesses)? _____ From When? _____

20. Renal illnesses, bladder, prostate and urinary tracts _____

21. Skin Disorders (cysts, eczema, etc) _____

22. Disorders of the nose, eyes and/or larynx _____ What type of disorder?

23. Ocular disorders, myopia, presbyopia, etc and graduation _____

24. Have you suffered from Arthritis, Rheumatism or Arthrosis? _____ Have you had physiotherapy? _____

25. Are you pregnant? _____ How many months? _____

26. Have you had previous pregnancies? _____ How many? _____ How many births? _____

27. How many abortions? _____ How many caesarea operations? _____

28. Have you had an surgical operations? _____ Please tell us the when, the reason and if you have any after effects _____

29. Do you take any medicine regularly? _____.

30. Have you undergone special diagnostic tests such as: Ecocardiograms, stress tests, electrocardiograms, angiogram, scanner o CAT scan, Doppler, MRI scan, etc.? _____ What was the motive for this and the results of this _____.

31. Do you suffer from or have you suffered any illness / medical problem not specified in this health declaration. _____.

32. Are you presently being treated by a doctor? _____ Please tell us the treatment and motive for this. _____.

33. Please mention if you have Social Security _____.

34. Please give details of an alternative contact to the above that we may refer to in case of an emergency. _____.

INFORMATION FOR THE POLICY HOLDER / INSURED

The above details declared by the applicant are necessary to evaluate the risk and formalize the insurance contract, and so that the applicant has given a truthful and exact declaration and not concealed or omitted any circumstances that could alter the evaluation of risk. The applicant also authorizes any medical doctor whilst practicing their profession and have acquired knowledge or background information reference their state of health to inform this information to the insurer entity when the insurer entity requires this. In accordance with article 10 of the Insurance Contract Law, in the case of inaccuracy reference the present declaration, the insured will lose the right to the guaranteed provision and the insurer reserves the right to automatically terminate the insurance policy. The undersigned (insured), in compliance with the established current rules reference the protection of data of personal character, expressly agrees and authorizes the insurer entity to proceed with the inclusion of the personal data given in an archive file, as well as subsequent treatment. The recipient and the responsible of the archive file is EL PERPETUO SOCORRO SA DE SEGUROS, with address in Avda. Maisonnave nº 31, Entreplanta 03003 Alicante, where the insured can exercise the rights of access, rectification, cancellation and opposition to the treatment of the same. In the same way, the insured expressly agrees that their personal data can be given to societies of the group or to other entities related with the policy, for the compliance of purposes directly related with the legitimate functions of assignor and assignee.

In _____, _____ of _____.

THE POLICY HOLDER

THE INSURED