Medical Questionnaire

Pre-Underwriting Assessment

BASIC INFORMATION

QUESTION	PERSON 1	PERSON 2
Has there been an unintentional weight change of more than 10 kg in the last 12 months?	☐	☐
Please provide height, weight and BMI	☐	☐
Has your weight ever been associated with a BMI below 18.5 or above 35?	☐	☐
Are you currently taking any medications (prescription or regular over-the-counter)?	☐	☐
How many units of alcohol do you consume per week? (beer/wine/spirits)		
How many cigarettes do you smoke, if you are a smoker?	☐	☐

SERIOUS ILLNESSES / ONCOLOGY / NEUROLOGY

QUESTION	PERSON 1	PERSON 2
Cancer, leukemia, Hodgkin's disease, lymphoma, brain or spinal cord tumour?	☐	☐
Stroke, transient ischemic attack (TIA), cerebral hemorrhage or permanent brain damage caused by accident?	☐	☐
Multiple sclerosis, optic neuritis, epilepsy, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's disease, cerebral palsy, motor neuron disease or other brain or nerve disorders?	☐	☐
Seizures, convulsions, fainting or loss of consciousness?	☐	☐
Numbness, tremors, tingling, dizziness, facial pain or vision problems?	☐	☐

HEART / CIRCULATION / BLOOD VESSELS

QUESTION	PERSON 1	PERSON 2
Heart disease or disorders, including heart attack, angina, cardiomyopathy, heart murmurs, heart valve defects or heart surgery?	☐	☐
Blood vessel diseases or disorders, including circulation problems in the legs?	☐	☐
High blood pressure or elevated cholesterol levels, chest pain, palpitations or irregular heartbeat?	☐	☐

METABOLIC / HORMONAL / BLOOD

QUESTION	PERSON 1	PERSON 2
Diabetes or sugar in urine?	☐	☐
Thyroid, adrenal or pituitary disorders?	☐	☐
Anemia or other blood diseases?	☐	☐

MENTAL HEALTH

QUESTION	PERSON 1	PERSON 2
Mental illness that required hospital treatment?	☐	☐
Any mental health disorders, including stress, anxiety, panic attacks, depression, nervous breakdown or eating disorders?	☐	☐

RESPIRATORY SYSTEM

QUESTION	PERSON 1	PERSON 2
Any respiratory or lung disorders, including bronchitis, emphysema, pulmonary fibrosis or asthma?	☐	☐

DIGESTIVE SYSTEM / LIVER / INTESTINES

QUESTION	PERSON 1	PERSON 2
Digestive system, liver, stomach, esophagus, pancreas, colon or intestinal disorders, including peptic ulcer disease, hepatitis or Gilbert's syndrome?	☐	☐
Pancreatitis, colitis or Crohn's disease?	☐	☐

KIDNEYS / URINARY SYSTEM

QUESTION	PERSON 1	PERSON 2
Kidney, bladder or prostate disorders, including blood or protein in urine, urinary tract infections or prostate gland problems?	☐	☐

MUSCULOSKELETAL SYSTEM

QUESTION	PERSON 1	PERSON 2
Any forms of arthritis or ankylosing spondylitis or other problems related to back, neck, joints, bones or muscles, including disc disease, rheumatism, scoliosis or sciatica?	☐	☐

SKIN / ALLERGIES

QUESTION	PERSON 1	PERSON 2
Growths or skin changes of any kind that started bleeding, became painful, itchy, changed color or increased in size?	☐	☐
Any skin diseases or allergies, including psoriasis and dermatitis?	☐	☐

TESTS / CURRENT SYMPTOMS

QUESTION	PERSON 1	PERSON 2
In the last 5 years, apart from previously mentioned illnesses, have you been ill or had other conditions?	☐	☐
Have you ever had any tests, X-rays, MRI or blood tests not yet mentioned?	☐	☐
Are you waiting for results of any tests or a doctor's appointment?	☐	☐
Are you currently experiencing any medical condition or symptoms for which you intend to consult a doctor?	☐	☐

COVID / VISION / HEARING

QUESTION	PERSON 1	PERSON 2
Have you ever been diagnosed with coronavirus (COVID-19)?	☐	☐
Have you ever had vision problems, deterioration of vision or blindness?	☐	☐
Have you ever had hearing problems, including deafness?	☐	☐

WOMEN'S HEALTH

QUESTION	PERSON 1	PERSON 2
Have you ever had abnormal results from smear tests, cytology, mammography or biopsy of breast, cervix or uterus?	☐	☐

FAMILY HISTORY

QUESTION	PERSON 1	PERSON 2
Have your parents or siblings suffered from a serious illness before the age of 60?	☐	☐

WORK / ABILITY TO WORK

QUESTION	PERSON 1	PERSON 2
Have you had more than 5 consecutive days of sick leave due to health problems?	☐	☐
Have you ever returned to work on 'light duties'?	☐	☐
Are you currently on notice period?	☐	☐
Are you planning to change jobs within the next 6 months?	☐	☐
Is your type of work 'offshore'? (e.g., ship, oil rig)	☐	☐
Is your contract or assignment ending? (Self-Employed/Limited)	☐	☐

INFECTIOUS DISEASES / STD

QUESTION	PERSON 1	PERSON 2
Have you ever had a positive test result for HIV or hepatitis B or C, or are you waiting for such a test result?	☐	☐
Have you ever had sexually transmitted diseases?	☐	☐

DECLARATION - PERSON 1

I declare that the above information is true and complete to the best of my knowledge.

FULL NAME

DATE

SIGNATURE

DECLARATION - PERSON 2 (IF APPLICABLE)

I declare that the above information is true and complete to the best of my knowledge.

FULL NAME

DATE

SIGNATURE