

MEDICAL DECLARATION

PERSONAL INFORMATION		
<p>..... <i>full name</i></p>	PIN	Date of birth:
Address: town/village..... post code..... District, street №..... Bl., entrance, app.....	P. Card №..... Issued on..... By	
WORK PLACE	COORDINATES	
OCCUPATION	Office phone:	
	Mobile phone:	
	e-mail:	

QUESTIONS ON THE HEALTH STATUS OF THE CANDIDATES FOR HEALTH INSURANCE
(Surround the correct answer)

1. Do you have any blood relatives who have suffered from the following ailments before turning 65 years? Please, describe who and at what age?					
Heart attack	Yes	No			
Apoplexy	Yes	No			
Hypertension (High blood pressure)	Yes	No			
Tuberculosis	Yes	No			
Asthma	Yes	No			
Epilepsy	Yes	No			
Diabetes	Yes	No			
Cancer diseases	Yes	No			
Psychic diseases	Yes	No			
Sudden death	Yes	No			
Other	Yes	No			
2. Height: cm.		3. Have you ever had agreed or denied additional health insurance, based on specific conditions? If yes, why and under what conditions?		Yes	No
Weight: kg.					
4. Have you ever suffered from any ailments of the cardiovascular system in the last 10 years? Please, explain. (Heart attack, apoplexy, embolisms, high blood pressure, pains in the area of the heart, ailments of the veins and arteries, etc.)		Yes	No	5. Have you ever suffered from any ailments of the respiratory system in the last 10 years? Please, explain. (Asthma, tuberculosis, pneumonia, pleuritis, chronic bronchitis, emphysema, etc.)	
6. Have you ever suffered from any ailments of the digestive system in the last 10 years? Please, explain. (Ulcer, ailments of the bile, hepatitis, cirrhosis, ailments of the pancreas, etc.)		Yes	No	7. Have you ever suffered from any ailments of the urinary and reproductory system in the last 10 years? Please, explain. (Acute pyelonephritis, glomerulonephritis, cystopyelitis, urinary tract stones, inflammation of the prostate, etc.)	
8. Have you ever suffered from any ailments of the nervous system and of the sensory organs in the last 10 years? Please, explain. (Meningoencephalitis, congenital ailments or traumas of the nervous system, cataract, glaucoma, etc.)		Yes	No	9. Have you ever suffered from any ailments of the endocrine glands and metabolism in the last 10 years? Please, explain. (Diabetes, Goitre, Obesity, ailments of immunity, etc.)	
10. Have you ever suffered from any ailments of the skin and the subcutaneous tissue in the last 10 years? Please, explain. (Psoriasis, eczemas, skin cancer, allergies, etc.)		Yes	No	11. Have you ever suffered from any ailments of neoplasms in the last 10 years? Please, explain. (Malignant tumors, benign tumors, congenital anomalies, etc.)	
12. Have you ever suffered from any ailments of the blood and blood forming organs in the last 10 years? Please, explain. (Anemias, leucoses, hemophilias, etc.)		Yes	No	13. Have you ever suffered from any infectious ailments in the last 10 years? Please, explain. (Tuberculosis, infectious hepatitis, AIDS, etc.)	
14. Have you ever suffered from any ailments of the musculoskeletal system in the last 10 years? Please, explain. (Arthritis, spinal bone ailments, etc.)		Yes	No	15. Have you ever suffered from any unspecified ailments in the last 10 years? Please, explain. (Abdominal pains, convulsions, seizures, dizziness, constant headache, general weakness, stress, etc.)	

