Av. Diagonal, 543 / Entença, 325-335
08029 BARCELONA
Tel.: 933 221 212
www.mgs.es

MGS
Mutua General de Seguros

HEALTH QUESTIONNAIRE

PROMEDIC - SALUD Insurance

INSURED PERSON NO..... **NAME**

1. DO YOU SUFFER, OR HAVE YOU SUFFERED FROM, ANY OF THE FOLLOWING DISEASES, ABNORMALITIES, INJURIES OR DISORDERS?

Mark all the sections with a cross, whether yes or no, and give the date/s on which you suffered and the medical treatment prescribed by your doctor.

	YES	NO	DATE	TREATMENT
· Allergies				
· Cardiovascular diseases				
Heart attack				
Angina				
Varicose veins				
· Skin diseases				
· Digestive diseases				
Stomach/duodenal ulcer				
Hiatus hernia, inguinal hernia, etc.				
· Endocrine diseases				
Diabetes				
Goitre				
Gout				
· Genitourinary diseases				
Renal colic (kidney stones)				
Hysterectomy (removal of uterus and/or ovaries)				
Renal insufficiency				
· Liver diseases				
Hepatitis				
Cirrhosis				
Biliary colic, hepatic colic or gallstones				
· Bone or muscular diseases				
Herniated disk				
Rheumatism				
Arthritis				
Osteoporosis				
Knee and cartilage injuries				
· Neurological diseases				
Embolism/cerebral thrombosis				
Epilepsy				
Meningitis				
Paralysis				
Depression				
Other diseases of the nervous system				
· Respiratory diseases				
Asthma				
Chronic bronchitis				
Pneumonia				
Tuberculosis				
· High blood pressure				
· Tumours				
· Ophthalmologic diseases or abnormalities				
· Nasal diseases or abnormalities				

The Insured
((in the case of minors, the parent or guardian should also sign)

(Barcelona Business Register. Vol. 1. Entities, Folio 92, Sheet 12, 1st) C. I. F. G08171373

Copy for the Insured

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Copy for the company

INSURED PERSON NO..... NAME

2. DO YOU SUFFER, OR HAVE YOU SUFFERED, FROM ANY DISEASES, INJURIES, ABNORMALITIES OR DISORDERS, WHETHER PHYSICAL OR MENTAL, NOT MENTIONED ABOVE? YES NO
GIVE DETAILS:

3. HAVE THESE DISEASES, ABNORMALITIES, INJURIES OR DISORDERS LEFT ANY LONG-TERM EFFECTS OR LIMITED YOUR DAILY LIFE IN ANY WAY? YES NO
GIVE DETAILS:

4. PLEASE TICK IF YOU CONSUME THE FOLLOWING:
· TOBACCO NO YES CIGARETTES CIGARS PIPES NO. PER DAY
· MEDICATION NO YES STATE TYPE AND REASONS:
· DRUGS NO YES STATE TYPE:

5. HAVE YOU SUFFERED FROM ANY KIND OF TRAUMATISM OR ACCIDENT? YES NO
WITH WHAT LONG-TERM EFFECTS?

6. HAVE YOU UNDERGONE ANY KIND OF SURGICAL INTERVENTION IN THE PAST? YES NO
Give the date, diagnosis and results of the surgery

7. IF YOU ARE FEMALE: HAVE YOU EVER BEEN PREGNANT? YES NO
HOW MANY TIMES? HOW MANY BIRTHS?

8. HAVE YOU EVER BEEN ADVISED TO TAKE AN HIV TEST? YES NO
State date and results

9. HAVE YOU BEEN TO THE DOCTOR IN THE LAST 6 MONTHS YES NO
FOR WHAT REASON?

10. ARE YOU CURRENTLY WAITING FOR ANY KIND OF DIAGNOSIS OR SPECIFIC TREATMENT? YES NO
WHAT?

11. GIVE YOUR WEIGHT: KG. AND HEIGHT: CM.

The undersigned expressly authorises MUTUA GENERAL DE SEGUROS to take the necessary actions and procedures to verify the existence, importance, evolution or disappearance of the diseases or injuries for which care has had to be provided, as well as to investigate their possible antecedents or consequences and the treatments followed in each case.

In accordance with article 10 of the Insurance Contracts Law, in the event of withholding or inaccuracy of information in completing this declaration, the Insured person will lose the right to insurance coverage and MUTUA GENERAL DE SEGUROS reserves the right to automatically revoke the policy.
With regard to the foregoing, the undersigned declares that he/she has not distorted the truth or concealed the existence of any kind of disease or abnormality.

TREATMENT OF PERSONAL DATA

The Policyholder/Insured person specifically consents to and authorises the registration and processing of his/her personal data by Mutua General de Seguros, as the entity responsible for the database, which guarantees that the data will be treated in accordance with the provisions of Organic Law 15/1999 on the Protection of Personal Data. Likewise, the entity is authorised to cede this data to the broker, where applicable, to other insurance entities for co-insuring policies, and to reassurance entities for the purposes of the contract.

The data requested in this document are necessary for the execution of the Policy and maintaining the contractual relationship.

Regardless of whether the policy is executed, said data will also be processed to inform the Policyholder about products and services related to the activity of Mutua General de Seguros that may be of interest to him/her.

The party to whom this data pertains may revoke the authorisation he/she has conceded and also freely exercise his/her rights to access, rectify, cancel or oppose their use, by writing to Mutua General de Seguros at their registered address at Avda. Diagonal, 543, 08029 Barcelona; or by fax to 933 217 296.

The Policyholder/Insured person accepts his/her obligation to inform the Insured person or Beneficiary, whichever is applicable, of the inclusion of his/her details in these databases, as well as the purpose for which they will be processed.

Finally, the Policyholder/Insured person states that he/she is aware that this questionnaire will form the basis of the insurance contract, fully accepting responsibility for the declarations made in response to the questions contained herein.

In , at on of of

The Insured
(in the case of minors, the parent or guardian should also sign)

Copy for the Insured

ID Doc. No:

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