Health Questionnaire

(For the exclusive purposes of the application for a health insurance contract or hospitalisation with ASISA, ASISTENCIA SANITARIA INTERPROVINCIAL DE SEGUROS, S.A.U.)

Name and Surname(s):

Tax ID No. (N.I.F.)/Foreigner Identification Number (N.I.E.): Date of birth: Weight (kg.): Height (cm.): Gender: ☐ Male ☐ Female

1. Have you been admitted to a health centre in the last 10 years, or do you have any admissions scheduled? ☐ YES ☐ NO
   If yes, please indicate the reason and the date(s):

2. Have you undergone any surgery, or are you scheduled to undergo any surgery? ☐ YES ☐ NO
   If yes, please indicate the reason and the date(s):

3. Do you have or have you had any tumours or cancer? If yes, please specify which and the date(s) of diagnosis ☐ YES ☐ NO

4. Have you or have you had any symptoms, pain or disorder persistently, regularly or recurringly, or are you under medical supervision or monitoring for any reason? ☐ YES ☐ NO
   If yes, please indicate the reason and the date(s):

5. Have you or have you had any of the following types of condition, injury or disorder?
   - 5.1 Cardiac, vascular, pulmonary or respiratory (e. g.: hypertension, arrhythmias, heart or circulatory failure, varices, asthma, emphysema, thrombosis, etc.). ☐ YES ☐ NO
   - 5.2 Metabolic (of the endocrine system) or of the digestive system (e. g.: of the liver or pancreas, gastric or duodenal ulcer, hernias, diabetes, thyroid disease, etc.). ☐ YES ☐ NO
   - 5.3 Rheumatic, bone or muscular (e. g.: arthritis, osteoarthritis, scoliosis, slipped disc, fibromyalgia, lupus, scleroderma, muscle disorder, trauma sequelae, psoriasis, etc.). ☐ YES ☐ NO
   - 5.4 Of the nervous system, of the eyes or of the ears (e. g.: migraines, epilepsy, Parkinson's disease, paralysis, Alzheimer's disease, glaucoma, macular degeneration, vision loss, ADHD, etc.). ☐ YES ☐ NO
   - 5.5 Haematological or clotting (e. g.: thromboembolism, anaemia, haemophilia, leukaemia, etc.). ☐ YES ☐ NO
   - 5.6 Of the kidney, urological and genital tract, or gynaecological (e. g.: kidney failure, prostate problems, renal colic, sexually transmitted, gynaecological - breast, uterus, ovaries, etc.). ☐ YES ☐ NO
   - 5.7 Psychiatric (e. g.: anorexia, bulimia, depression, anxiety, psychosis, schizophrenia, etc.). ☐ YES ☐ NO
   - 5.8 Infectious diseases (e. g.: hepatitis, COVID-19, tuberculosis, parasitic infections, septicaemia, tropical diseases, etc.). ☐ YES ☐ NO

   If yes, please indicate which:

6. Do you take any medication? ☐ YES ☐ NO
   If yes, indicate which, dose and frequency (regimen):

7. Do you consume alcohol or drugs or do you smoke? ☐ YES ☐ NO
   If yes, indicate the type, amount consumed and frequency:

8. Do you have lesions or sequelae from a disease, congenital or hereditary disorder, malformations or an accident? If yes, please indicate which and provide a medical report: ☐ YES ☐ NO

9. Do you have any recognised handicap or disability, or are you in the process of being assessed for any? ☐ YES ☐ NO
   If yes, please indicate which and provide a medical report:

ASISA does not cover assistance derived from the care of conditions, situations or processes prior to taking out the policy or present at the time of signing the contract, which were known and not declared, under this questionnaire, as well as sequelae, evolutionary outbreaks and complications thereof. The undersigned expressly authorises the Company ASISA, in relation to the content of this questionnaire, to carry out the necessary actions and procedures for the verification of the significance, existence, evolution or disappearance of the conditions or injuries for which it has to provide care, as well as to be able to determine the possible background or consequences of these and the treatments followed in each case through this Company. In accordance with Article 10 of the Insurance Contract Act, in the event of a caveat or inaccuracy when completing this declaration, the Insured Party will lose the right to the guaranteed provision, and ASISA reserves the right to automatically terminate the policy. For the purposes indicated, the Signatory declares that he or she has not distorted the truth, nor has he or she hidden the existence of any condition or disorder.

Basic information on data protection.
By signing the policy, the Policy Holder declares that he or she has collected and obtained the express consent of each of the insured persons/members of the family group, in order to incorporate all the health data relating to them into this questionnaire.

Name and signature Mr/Ms:

☐ In your own name ☐ As a policy contracting party or family member of legal age

Tax ID Number (N.I.F.)/Foreigner's Identification Number (N.I.E.): In on 20

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SECTION	INFORMACIÓN BÁSICA SOBRE PROTECCIÓN DE DATOS
Data controller	ASISA ASISTENCIA SANITARIA INTERPROVINCIAL, S.A.U.
Aim	To fulfil, control and execute the healthcare provision guaranteed in the insurance contract. To send marketing communications on goods and/or services of the ASISA Group.
Legitimacy	The legal basis for the processing of your data can be found in the execution of the insurance contract between the policy holder and ASISA. Similarly, the sending of marketing communications on goods or products similar to those already taken out by the interested party is based on the legitimate interest of ASISA.
Recipients of data transfers	Companies that form part of the ASISA Group and collaborating entities. People, organisations, or institutions that demonstrate a legitimate interest.
Rights	You can exercise your rights to access, rectify, delete, restrict, oppose, or transfer your data, to not be the subject of automated individual decisions, and to withdraw your consent.
More information	For more information, please contact the Data Protection Officer (DPO) of the ASISA Group (DPO@grupoasisa.com) or read the additional and detailed information on Data Protection on the ASISA website: www.asisa.es

Space reserved for medical advice

Assessment doctor:

Production Admin.:

Medical reports that you must provide to take out the insurance policy

Remarks: