Health Questionnaire



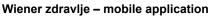
Insurance plan

VIENNA INSURANCE GROUP

INSURED	
First name and surname	Street and house number
Unique master citizen number (JMBG) If not applicable, please write N/A	Postcode
Occupation	City
Date of birth	Phone number
Relationship	Mobile number
to policyholder	Email

NOTE: If you answer YES to any of the questions below, please give us full details of your condition (diagnosis, how long you were treated (from-to), your current state of health).

1. Have you ever had or do you currently have any of the following?				1.11. Disorder of the ears (hearing loss, deafness, YES chronic ear disease, frequent ear infections,	NO
	A malignant or other tumour, cyst	YES	NO	problems with the tonsils or third tonsils, etc.)	
	Any cardiovascular disease (high blood pressure, arrhythmia, tachycardia, congenital heart disease, heart attack, angina pectoris, aneurism,	YES	NO	1.12. Disorder of the eyes (glaucoma, optic nerve, retinal or macular disease, cataract, etc.) YES	NC
	atherosclerosis, varicose veins, thrombosis, etc.)			1.13. An eyeglass prescription (dioptre)YESIf the answer is YES, please specify:	NC
	Please provide your highest measured / / /	mmHg		1.14. A skin condition or mucous membrane disorder YES	
	Blood or blood-clotting disorder immune and lymph system diseases (leukaemia, lymphoma, HIV, AIDS, systemic connective tissue disorders, thrombophilia, etc	YES	NO	(allergies, skin changes, skin disorders, a growth, a mole that has bled, changed colour or increased in size, etc.	NO)
	Any disorder of the lungs or respiratory system (chronic bronchitis, chronic obstructive pulmonary disea asthma, emphysema, pulmonary embolus, tuberculosis	,	NO hial	1.15. Any endocrine disorder (any disorder of the thyroid, YES adrenal or pituitary glands, etc.)	NO
1.6.	Any disorder of the digestive system (indigestion, bloating, burping, stomach and duodenum ulcers,	YES	NO	1.16. Any metabolic disorder (diabetes, high levels YES of fat in the blood, high cholesterol, triglycerides, gouty arthritis, insulin resistance, etc.)	NO
1.6.	Any disorder of the digestive system (indigestion,	YES cirrhosis,		of fat in the blood, high cholesterol, triglycerides,	_
1.6.	Any disorder of the digestive system (indigestion, bloating, burping, stomach and duodenum ulcers, Chron's disease, ulcerative colitis, any type of hepatitis,	YES cirrhosis,		of fat in the blood, high cholesterol, triglycerides, gouty arthritis, insulin resistance, etc.) 1.17. Any musculoskeletal disorder (degenerative YES and rheumatic bone, joint and spinal disorders,	NO
1.6.	Any disorder of the digestive system (indigestion, bloating, burping, stomach and duodenum ulcers, Chron's disease, ulcerative colitis, any type of hepatitis, gallbladder or biliary diseases, pancreatic disorders, etc Any gynaecological disorder or breast condition	YES cirrhosis, .) YES	NO	of fat in the blood, high cholesterol, triglycerides, gouty arthritis, insulin resistance, etc.) 1.17. Any musculoskeletal disorder (degenerative YES and rheumatic bone, joint and spinal disorders,	NO
1.6. 1.7.	Any disorder of the digestive system (indigestion, bloating, burping, stomach and duodenum ulcers, Chron's disease, ulcerative colitis, any type of hepatitis, gallbladder or biliary diseases, pancreatic disorders, etc Any gynaecological disorder or breast condition (polycystic ovaries, vaginitis, other vaginal, uterine,	YES cirrhosis, .) YES	NO	of fat in the blood, high cholesterol, triglycerides, gouty arthritis, insulin resistance, etc.) 1.17. Any musculoskeletal disorder (degenerative and rheumatic bone, joint and spinal disorders, rheumatoid arthritis, discus hernia, sciatica, etc.) 1.18. An autoimmune disease (systemic lupus YES	_
1.6 1.7 1.8 1.9	Any disorder of the digestive system (indigestion, bloating, burping, stomach and duodenum ulcers, Chron's disease, ulcerative colitis, any type of hepatitis, gallbladder or biliary diseases, pancreatic disorders, etc Any gynaecological disorder or breast condition (polycystic ovaries, vaginitis, other vaginal, uterine, ovarian or breast conditions, any form of sterility or infer Any disorder of the uro - genital system (any disorder of the kidneys, bladder, or prostate,	YES cirrhosis, .) YES tility, etc.) YES	NO	of fat in the blood, high cholesterol, triglycerides, gouty arthritis, insulin resistance, etc.) 1.17. Any musculoskeletal disorder (degenerative and rheumatic bone, joint and spinal disorders, rheumatoid arthritis, discus hernia, sciatica, etc.) YES 1.18. An autoimmune disease (systemic lupus erythematosus, etc.) YES	NO





8 0800 200 800, TEL: 011 220 9800, wiener.co.rs

Health Questionnaire



VIENNA INSURANCE GROUP

2. Have you been admitted to hospital, clinic or another institution for an illness or injury-related		NO	7. Are you currently in perfect health?	YES	NO
treatment or investigation/tests (in the last 5 years)' If the answer is YES, please provide the details:			8. Are you exposed to any of the following at work or in your spare time?	YES	NO
			8.1. Any specific risks (radiation, explosives or harmful substances, etc.)		
2.1. Are you currently undergoing investigation/tests, or being monitored for a medical condition, or waiting for results of a diagnostic procedure?	YES	NO	If the answer is YES, please specify:		
3. Have you been told that you might need to be admitted to hospital, or are you scheduled for an operation in the near future? If the answer is YES, please give details:	YES	NO	8.2. A risk of getting injured (e.g. due to working at height or underwater, heavy lifting, working in high or low temperatures, etc.) If the answer is YES, please specify:	YES	NO
4. Have you ever done, or do you currently do any of the following?	9. Do you currently hold a voluntary health insurance policy with another insurance	YES	NO		
4.1. Smoke	YES	NO	company? If the answer is YES, please give the name		
4.2. Drink	YES	NO	of the insurance company:		
4.3. Take recreational drugs If YES, what type of recreational drugs and how often?	YES	NO			
If you no longer take drugs, when did you stop?			10. Have you ever been declined (refused cover) or offered non-standard insurance terms by an insurance company? If the answer is YES, please give the name of the insurance company and the reason for its decision:	YES	NO
5. Have you ever received chemotherapy, radiotherapy or immunotherapy?	YES	NO	······		
6. Do you take any medicines on regular basis? If the answer is YES, please give details:			11. Your height cm		
			12. Your weight kg		

If necessary, Wiener Städtische osiguranje may ask you to give it permission to contact healthcare facilities for information and medical records on your health.

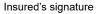
INSURED'S DECLARATION

I hereby confirm that:

- All the information and answers to the above questions are correct;
- I am aware of the consequences of giving incomplete or false answers;

- I am familiar with the Terms and Conditions governing this insurance policy.

Place, date





6 0800 200 800, TEL: 011 220 9800, wiener.co.rs