BDAE Mit Sicherheit ins Ausland!

HEALTH CERTIFICATE

towards Swiss Life Prévoyance et Santé (Insurer)

Please note that the certificate is only necessary if the respective person is, upon entry, older than 50 years. The costs for the examination have to be borne by the Insured Person or the Party Entitled to be Insured.

Person to be Insured/Person Entitled to be Insured:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

1. Declaration towards the Physician

		Answer	If so: which, where treated (physician), findings	When?
1.a	Are you currently suffering from any complaints, diseases or accident consequences? (Please also indicate illnesses such as e.g. cold, bladder infection etc.)	☐ yes ☐ no		
1.b	Are you currently suffering or did you suffer in the past from a chronical or recurrent disease?	☐ yes ☐ no		
1.c	Have you been examined, advised or treated by medical staff (e.g. physicians, medical specialists, psychologists, masseurs etc.) in the past three years or have you been incapable of working - even if temporarily?	☐ yes ☐ no		
1.d	Have you undergone any preventive medical checkups during the past three years?	☐ yes ☐ no		
1.e	Have surgical interventions and treatments been carried out, planned or advised?	☐ yes ☐ no		
1.f	Has an inpatient treatment in a hospital (also health clinic, sanatorium or the like) taken place during the past 5 years?	☐ yes ☐ no		
1.g	Have blood examinations been performed? If so, please attach the test results.	☐ yes ☐ no		
1.h	Has an HIV infection been determined, e.g. within the framework of an AIDS test?	☐ yes ☐ no		

State: 01.10.2018

BDAE Mit Sicherheit ins Ausland!

Person to be Insured/Person Entitled to be Insured:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

		Answer	If so: which, where treated (physician), findings	When?
1.i	Have you been or are you currently subjected to a treatment with cytostatics?	☐ yes ☐ no		
1.j	Did you or do you regularly take medicines, alcohol or drugs?	☐ yes ☐ no		
1.k	Do you suffer from a defective vision or do you need a visual aid (e.g. spectacles, contact lenses)? If so, please indicate the positive/negative diopter value.	☐ yes ☐ no		
1.l	Which physician do you normally attend? (e.g. primary physician. If you do not have a primary physician please indicate the physician who treated you at the last time.)			
1.m	How many natural teeth not yet definitely replaced are missing (w/o wisdom teeth)?			
1.n	Is a dental treatment, particularly with regard to dentures, orthodontic problems or parodontosis necessary?	☐ yes ☐ no		
1.o	Are you pregnant?	☐ yes ☐ no		

I hereby confirm with my handwritten signature that the preceding statements form part of my application for insurance and that I have answered the preceding questions individually read to me by the physician personally and according to the truth.

Place, date

Signature (of the Person to be Insured or his or her Legal Representatives)

State: 01.10.2018

BDAE Mit Sicherheit ins Ausland!

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

2. In General:

		Answer	Finding/deviation/explanation
2.a	Have you examined, advised or treated the person already prior to this day?	☐ yes ☐ no	
2.b	Height:	cm	
	Weight:	kg	
2.c	Do you think that skeleton and loco-motor system are in good order?	☐ yes ☐ no	
2.d	Do you think that skin, mucous membranes and lymph glands are healthy?	☐ yes ☐ no	
2.e	Do you think that the sensory organs are healthy?	☐ yes ☐ no	
2.f	Do you think that nervous system and psyche are healthy?	☐ yes ☐ no	
2.g	Are the reflexes normal?	☐ yes ☐ no	
2.h	Do you think that the hormonal system is healthy?	☐ yes ☐ no	
2.i	Does the thyroid gland show a normal form?	☐ yes ☐ no	
2.j	Are there grounds for suspecting a disease of organs?	☐ yes ☐ no	

3. Cardiovascular System:

		Answer	Finding/deviation/explanation
3.a	Pulse at rest		
	Pulse after 10 knee bends		
	Return to normal in	minutes	
3.b	Blood pressure at rest	/ mm Hg	
	Blood pressure after 10 knee bends	/ mm Hg	
3.c	Are there any abnormal heart murmurs?	☐ yes ☐ no	

Place, date

Seal/Signature of the Physician

State: 01.10.2018

Mit Sicherheit ins Ausland!

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

		Answer	Finding/deviation/explanation
3.d	Does the patient suffer from an arrhythmia?	☐ yes ☐ no	
3.e	Is the heart enlarged or displaced?	☐ yes ☐ no	
3.f	Are there any signs of insufficiency?	☐ yes ☐ no	
3.g	Does the patient suffer from dy-spnoea?	☐ yes ☐ no	

4. Blood Vessels:

		Answer	Finding/deviation/explanation
4.a	Are there any oedemas?	☐ yes ☐ no	
4.b	Does the patient suffer from haemorrhoids, varicose veins? If so: type?/extent?	☐ yes ☐ no	
4.c	Does the patients have any scars, ulcers? If so: type?/extent?	☐ yes ☐ no	

5. Respiratory Organs:

		Answer	Finding/deviation/explanation
5.a	Does the patient suffer from hoarse-ness, coughs, bronchitis? If so: since when?/extent?	☐ yes ☐ no	
5.b	Are there any deformations at the rib cage?	☐ yes ☐ no	
5.c	Are the results of percussion and auscultation examinations normal?	☐ yes ☐ no	
5.d	Do you think that the respiratory organs are healthy?	☐ yes ☐ no	

Place, date

Seal/Signature of the Physician

State: 01.10.2018

BDAE Mit Sicherheit ins Ausland!

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

6. Digestive and Abdominal Organs:

		Answer	Finding/deviation/explanation
6.a	Findings on the tongue, tonsils, in the throat?	☐ yes ☐ no	
6.b	Are the examination results of the abdomen normal?	☐ yes ☐ no	
6.c	Is the liver enlarged?	☐ yes ☐ no	
6.d	Is the spleen enlarged?	☐ yes ☐ no	
6.e	Does the patient suffer from a fracture?	☐ yes ☐ no	
6.f	Are there negative findings with respect to digestive organs?	☐ yes ☐ no	

7. Urinal and Sexual Organs:

			Answer	Finding/deviation/explanation
7.a	Is the condition of the renal normal?		☐ yes ☐ no	
7.b	Urine examination	protein	☐ yes ☐ no	Sediment:
		sugar	☐ yes ☐ no	
		increased UBG	☐ yes ☐ no	
	Outer appearance: Pathological components:			
7.c	If a woman: Is the patient pregnant?		☐ yes ☐ no	in ______ month

8. Miscellaneous:

		Answer	Finding/deviation/explanation
8.a	Were any other disorders found which have not been mentioned by now?	☐ yes ☐ no	
8.b	Are there signs of an immunodefi-ciency?	☐ yes ☐ no	

Place, date

Seal/Signature of the Physician

State: 01.10.2018

BDAE Mit Sicherheit ins Ausland!

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

1. Teeth:

Findings concerning the Complete Dentition

1.a	Finding																
		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
		48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	Finding																

Findings/Legend

- **f** missing teeth
- **e** already replace teeth
- **K** crowned teeth
- **b** existing bridge elements
- **s** teeth in need of rehabilitation
- **)(** space closure

		Answer	If so: which, where treated (physician), findings	When? (dd/mm/yyyy)
1.b	Does the patient suffer from gum diseases?	☐ yes ☐ no		

Place, date

Seal/Signature of the Dentist

State: 01.10.2018