

Confidential/Private  
Fondation Patrimonia  
To the medical advisor  
Rue Saint-Martin 7  
1003 Lausanne

## Detailed Health Assessment Questionnaire

In order to protect the confidentiality of the information contained in this document, we would be grateful if you could return it directly to our Medical Advisor at the above address.

To be completed if you have answered yes to one of the 4 questions in the Entry Declaration

Company / branch: \_\_\_\_\_

### Personal data of the insured person

Gender:  Male  Female

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Questionnaire on your state of health

Please answer each of the questions below separately, accurately and completely:

- 1 Are you completely fit for work at present?  Yes  No  
Are you perfectly healthy at present?  Yes  No
- 2 Are you physically disabled as a result of the loss, inability to use or functional disorders of any of your limbs or organs?  Yes  No
- 3 Are you taking medication?  Yes  No  
Which ones? \_\_\_\_\_  
What for? \_\_\_\_\_  
How often? \_\_\_\_\_
- 4 Are you currently receiving medical treatment?  Yes  No
- 5 Do you consume or have you ever consumed drugs (narcotics, alcohol)?  Yes  No
- 6 Have you suffered from cardiovascular disease, high blood pressure, tuberculosis, respiratory diseases, ulcers, cancer, albuminuria, diabetes, kidney, stomach, gall bladder or liver infections, joint or back pain, epilepsy, depression or neurological disorders, vision or hearing problems during the last 10 years?  Yes  No

Patrimonia Foundation

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