Declaration of health

Copré
LA COLLECTIVE DE PRÉVOYANCE
Depuis 1974

Company : .... Contract No : ....

A. Personal information

1. Name and first name : ....

2. Date of birth : .... 3. Profession : ....

4. a) Height in cm : .... b) Weight in kg : ....

5. Have you been compelled to interrupt your work for reasons of illness of accident for more than 4 consecutive weeks during the last 5 years ? ☐ yes ☐ no

   If your reply to this question is yes, please furnish the detailed information on :

Nature of the illness/ accident	Year	Duration of interrupted work from to	Doctor, hospital (service), with exact address

6. Do you suffer from or have you ever suffered from any illnesses, disturbances or problems connected with

		yes no	Which? When ? Duration ? Cured? Attending physician with address?
a)	the **respiratory organs**, such as asthma, recurrent or chronic bronchitis, pneumonia, pulmonary tuberculosis or other disorders ?	☐ ☐	
b)	the **heart or vascular system**, such as high blood pressure, circulatory problems, heart attack, heart defect, heart failure, palpitations, apoplexy, phlebitis, varicose veins or other disorders ?	☐ ☐	
c)	the **nervous system or a mental disorder**, such as epilepsy, dizziness, paralysis, neuritis, depression or other disorders ? Have you ever attempted suicide ?	☐ ☐	
d)	the **digestive system**, such as hiatus hernia, gastric or duodenal ulcers, or other disorders of the stomach or intestines, such as inflammations, haemorrhages, haemorrhoids, jaundice, diseases of the liver, gall bladder, pancreas ?	☐ ☐	
e)	the **urinary tract or sexual organs**, such as kidneys, ureters, bladder or prostate, urinary calculus, blood or albumin in the urine or other discorders ?	☐ ☐	
f)	the **metabolism or blood**, such as diabetes mellitus, elevat ed cholesterol, gout, thyroid gland or hormonal disturbances, anaemia, coagulation disturbances or other disorders ?	☐ ☐	
g)	the **immune system or infectious diseases**, such as HIV infection, sexually transmitted diseases, hepatitis, tropical diseases or other disorders ?	☐ ☐	
h)	the **skin**, such as eczema, allergies, psoriasis, fungal diseases, skin cancer or other disorders ?	☐ ☐	
i)	the **musculoskeletal system** (bones, joints, spine, intervertebral discs, muscles, ligaments, tendons), such as disorders of thhe back, neck and shoulders, arthritis, rheumatism or other discorders ?	☐ ☐	
j)	the **eyes**, such as decreased visual acuity or refraction power, retinal disease or other discorders ?	☐ ☐	Dioptres : left ...... right: .....
k)	the **ears**, hearing difficulties, inflammation or other disorders ?	☐ ☐	
l)	**other** illnesses, disturbances or probems not listed above, such as congenital defects, deformities, tumours, cancer, etc. ?	☐ ☐	

Turn over

7. Are you taking, or did you have to take medicaments over 4 weeks? ☐ yes ☐ no

   If yes, please indicate in detail: which? when? how many times?

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8. Have you been examined, received treatment or been operated on in a hospital or similar institution ? ☐ yes ☐ no

   Why ? which ?

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9. Name and address of your family doctor: --

B. Enclosure to be provided

- Last insurance certificate from your former insurance institution.

C. Déclaration

1. In relation, moreover, to the staff occupational pension, I authorise, La Collective de Prévoyance – Copré, to request all information considered necessary for the appreciation of my state of health, concerning my previous illnesses and insurance benefits, as well as any possible restrictive conditions for entry into the insurance. In consequence, the doctors and hospitals who have treated or examined me, as well as the previous insurance companies and occupational retirement institutions with which I was insured, shall be released from professional secrecy and authorised to provide all necessary information to the medical service of La Collective de Prévoyance - Copré.
2. **I hereby confirm that I have answered the above questions truthfully and completely**.
   I am aware that if the answers to the questions asked are incomplete or not in conformity with the truth, La Collective de Prévoyance - Copré shall have the right, according to Article 6 of the Law on Insurance Contracts, to reduce or suppress insurance benefits.

Date: -- Signature of the insured person: --

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