

Health Questionnaire

A number of questions related to diseases and other health-related aspects are set out below. If you have at present, or have had at any time in your life, any of these problems, please mark "X" in the box beside "YES"

Notice: please answer all questions in full and accurately, and refrain from replacing answer with lines or other signs.

Name and Surname

Address / Post code /Town/City















Tax/Foreigner ID no..... Date of birth / / Age Sex Marital status Number of children

Occupation Weight kg. Height m. Telephone number /

E-mail

Have you been insured with our company previously? NO YES (date of termination):

Have you been insured with another company during the last 12 months? NO YES (indicate which):

-  1. Do you have any health problem at present? ----- NO YES
-  2. Have you ever undergone an operation or been hospitalized? ----- NO YES
-  3. Do you have any operation or hospitalization planned? ----- NO YES
-  4. In the last year, has any diagnostic or therapeutic procedure been performed on you?----- NO YES
-  5. Do you regularly undergo any diagnostic or therapeutic procedure? ----- NO YES
-  6. Do you take any medication habitually? ----- NO YES
-  7. Have you suffered any kind of cancer, tumour, leukaemia, lymphoma or serious disease?----- NO YES
-  8. Do you have or have you had any heart, circulatory or respiratory problem?----- NO YES
(e.g.: angina, heart attack, arrhythmia, heart failure, thrombosis, emphysema etc.).
-  9. Do you have or have you had problems with your nervous system, eyes or hearing?----- NO YES
(e.g.: stroke, epilepsy, Parkinson's disease, dementia, glaucoma, cataracts, retina problems, myopia magna (more than 8 dioptres), otosclerosis, cholesteatoma etc.).
-  10. Do you have or have you had endocrinal or digestive system problems?----- NO YES
(e.g.: diabetes, thyroid problems, gallstones, chronic hepatitis, cirrhosis, ulcerative colitis, Crohn's disease, gastroduodenal ulcer, etc.).
-  11. Do you have or have you had any rheumatological, joint or muscle problem?----- NO YES
(e.g.: arthritis, fibromyalgia, slipped disc, severe scoliosis, knee or hip pathology, autoimmune diseases, lupus, etc.).
-  12. Do you have or have you had any psychiatric problem? ----- NO YES
(e.g.: anxiety, depression, schizophrenia, psychosis, bipolar disorder, anorexia, bulimia, drug addiction , etc.).
-  13. Do you have or have you had any genitourinary or gynaecological problem?----- NO YES
-  14. Do you have or have you had any disease, injury or condition that we have not asked about?-- NO YES

***In case of affirmative answer to the questions of the health questionnaire fill in the annexes page.**

I state that all the circumstances declared by me in this "HEALTH QUESTIONNAIRE" which will serve as the basis for the contract to be formalized are accurate and true. I have been informed that, in accordance with article 10 of the Insurance Contract Act, in the event of reservation or inaccuracy in completing this statement, the insured person will forfeit the right to the guaranteed benefit, and the entity reserves the right to rescind the contract automatically. Furthermore, for insured persons who are going to renew or formalize a new contract with Assistència Sanitària, the answers to this questionnaire may be checked against the insured person's past claims history managed by this Entity.

Additionally, in the event that the data provided refer to natural persons other than the person or persons signing this document, the person or persons signing it state that they have informed such persons of the content of the Data Protection clause included in this questionnaire and have obtained the prior consent of such persons for the processing of their data.

..... , of of

Tax/Foreigner ID no. _____

_____ (signature)

- On his/her own behalf.
- As legal representative of insured who is minor or lacks capacity.

- **Data protection: Information, consent, confidentiality and rights of the insured.**
- **Signature document (for digitalization exclusively for the purposes of personalized control of the service).**



1. By application of personal data protection legislation, you are hereby informed of the following, and may access detailed information at the following www.asc.es/es/proteccion-de-datos

Controller	ASISTENCIA SANITARIA COLEGIAL, SA DE SEGUROS (ASCSA) Avda. Josep Tarradellas, 123-127, 08029 Barcelona asc@asc.cat ASCSA Data Protection Officer (DPO) contact details: Avda. Josep Tarradellas, 123-127, 08029 Barcelona dpd@asc.cat
Purpose	Formalization, maintenance, performance and eventual novation of the insurance contract. Incorporation into a filing system of ASCSA for the purpose of adopting effective measures to prevent, impede, identify, detect, report and mitigate fraudulent conduct relating to insurance, which may include the processing of especially protected data. Personal data will be stored throughout the term of the contract and, upon termination, will be blocked until the applicable statute-barring terms have elapsed. The personal data included in the fraud prevention file will be stored for the time necessary to guarantee the purpose of fighting against insurance fraud. Furthermore, for the purpose of offering you products and services according to your interests, we pay drawn up a commercial profile based on the information provided.
Legal basis	Performance of the insurance contract, article 10 Act 50/1980, articles 99 and 100 Act 20/2015. The data subject is required to provide the data request in this questionnaire, and in the event of not providing such data, it will not be possible to formalize the contract.
Recipients	Group or related entities (SCIAS, SCCL; Autogestió Sanitària, SCCL; BIOPAT, SL; AIALE, SA; CIRHAB, SL, ANDAIRA, SL), as well as the Entity that provide Travel Assistance Insurance to the insured of ASISTENCIA SANITARIA COLEGIAL, SA DE SEGUROS, third entities when ruling legislation so permits and Public Administrations and Courts when so required by ruling legislation.
Rights	Acceso, rectification, cancellation, objection, portability, restriction of processing and not to be the object of automated decision-making. When the data subject has granted consent to the sending of commercial communications from the ASCSA Group or related companies, he/she shall have the right to withdraw such consent at any time, and this will not affect the lawfulness of the processing based on the consent given prior to being withdrawn. The rights may be exercised by contacting ASCSA, attaching a scanned copy of the National Identity Document or equivalent document, indicating the right to be exercised and in respect of which processing, using the following channels: - By sending an e-mail to the Data Protection Officer at dpd@asc.cat - By sending an e-mail to asc@asc.cat - By writing to the postal address of ASISTENCIA SANITARIA COLEGIAL, SA DE SEGUROS at Avda. Josep Tarradellas, 123-127, 08029 Barcelona. The data subject may lodge a complaint with the Spanish Data Protection Agency using its electronic office.

I authorize the sending of commercial communication by post, e-mail and/or telephone on products and services and special offers or promotions from companies belonging to the ASCSA Group or related companies.

_____ , _____ of _____ of _____

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Insured person number

(Sign within the space if acting on your own behalf)

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Insured person number

(Sign here as father, mother or legal guardian in the case of minors)

NAME AND SURNAME: _____

TAX/FOREIGNER ID NO.: _____

INSURED PERSON: _____

