Additional questionnaire

as a supplement to the application resp. demand for an offer from: _____

(does not replace answering the health questions in the application resp. demand for an offer)

surname	policy no.
first name	date of birth

Allergies

Incorrect or incomplete information may entitle us - depending on fault - to withdraw from the contract, to terminate it or to adjust it, which can lead to the insurer being released from performance - even for insured events that have already occurred. Please also note the "Information of the Consequences of the Violation of the Disclosure Obligation" in the application.

We ask you not to send us any results or data of genetic examinations or analysis!
You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

What was the medical doctor's diagnosis for the disease?

- ☐ allergic asthma
- ☐ bronchial asthma
- ☐ dust mite allergy
- ☐ insecticide allergy
- ☐ food allergy
- ☐ food intolerance
- ☐ animal hair allergy
- ☐ drug allergy
- ☐ atopic eczema (neurodermatitis)
- ☐ hay fever (pollinosis)
- ☐ contact allergy (eczema)
- ☐ hives / urticaria
- ☐ mold allergy (mould allergy)
- ☐ others, which ones?

_____

What complaints have you had, or do you have?

- ☐ watery eyes, stinging eyes
- ☐ sneezing, rhinitis, runny nose
- ☐ Irritation of the respiratory tract, chesty cough/dry cough
- ☐ bronchitis
- ☐ asthmatic complaints, asthma
- ☐ difficulty in breathing
- ☐ skin eczema
- ☐ skin itching, skin rash
- ☐ hives / urticaria
- ☐ vomiting, diarrhea, abdominal cramps
- ☐ anaphylactic shock
- ☐ others, which ones?

_____

What substances are you allergic to?

_____

When do or did the complaints occur?

first occurrence? _____ last occurrence? _____

☐ year-round

☐ seasonal

from? _____ to? _____

from? _____ to? _____

☐ irregular

How often? _____ per year Duration? _____

Are you now completely free of complaints?

☐ yes ☐ no,

the following complaints still exist: _____

If there was skin involvement, which parts of the body are/were affected?

_____

How large are/were the affected skin areas?

☐ size of a two-euro coin
☐ size of a palm
☐ large areas all over the body
☐ other size indication: _____ cm

Treatment/ therapy:

☐ medications (drugs)
☐ inhalations
☐ desensitization
☐ diet
☐ ointments
☐ baths, balnear therapy
☐ no therapy
☐ other therapy, which ones?

_____

Exact name of the medicaments, inhalations and its dosage?

☐ nasal spray name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ only at flowering time

☐ metered dose inhaler name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ only at flowering time

☐ tablets/pills name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ only at flowering time

☐ ointments name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ only at flowering time

☐ others, which ones? name: _____

dosage: ☐ daily (_____ per day) ☐ weekly (_____ per month)

☐ approx. _____ per year ☐ year-round ☐ only at flowering time

Is there any food intolerance? ☐ yes ☐ no

If “yes”, against which ones? _____

Do you have to follow a specific diet? ☐ yes ☐ no

If “yes”, which ones? _____

Has an allergy test been done? ☐ yes ☐ no

If “yes”, findings? _____

Has an allergy pass been handed out? ☐ yes ☐ no
If “yes”, please attach a copy or transmit the existing allergies!

_____

Do you have or have you ever had bronchial asthma
or asthmatic complaints? ☐ yes ☐ no
Have you been hyposensitized? ☐ yes ☐ no
If “yes”, against what/for which reason?

_____

From when up to when? from _____ to _____

With success or is healing present? ☐ yes ☐ no

Is a specific immunotherapy (hyposensitization) recommended or planned? ☐ yes ☐ no

Has a pulmonary function test been carried out? ☐ yes, ☐ no
Please enclose findings.

Have health consequences such as exogenous allergic alveolitis, lung fibrosis, right ventricular failure, hypoxemia or ventilation disorders developed? ☐ yes ☐ no

Have there been any other health consequences? ☐ yes ☐ no
If "yes", which ones?

_____

What examinations and/or treatments are planned?

_____

Which doctor can provide information? (Please provide name and address.)

_____

_____

Additional comments from the applicant or interested party:

_____

_____

_____

_____

Notice: Please let us have the discharge, examination, treatment and findings reports available to you for a short time (if possible, a copy).

Declaration

The information provided on the questions has been answered correctly and completely to the best of our knowledge. I am solely responsible for the correctness of the information, even if I did not fill out the declaration myself. I have observed the information on the "Consequences of the Violation of the Disclosure Obligation" in the application.

Place/date	Signature of the applicant resp. interested party