

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)

Lung diseases

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?

- | | |
|--|---|
| <input type="checkbox"/> pneumonia | <input type="checkbox"/> COPD (chronic obstructive pulmonary disease) |
| <input type="checkbox"/> hyperreactive (hypersensitive) bronchial system | <input type="checkbox"/> croup cough |
| <input type="checkbox"/> pulmonary emphysema | <input type="checkbox"/> sarcoidosis |
| <input type="checkbox"/> bronchial asthma | <input type="checkbox"/> sleep apnoea |
| <input type="checkbox"/> chronic bronchitis | <input type="checkbox"/> pneumothorax |
| <input type="checkbox"/> others, which ones? | |

Is there a functional restriction in the lungs? yes no

Is your breathing free, without pain and coughing? yes no

What complaints do you have or what symptoms are present?
(Shortness of breath, cough, asthmatic complaints, etc.)

When do or did the complaints occur?

first occurrence? _____ last occurrence? _____

How often do the complaints occur on average?

_____ per day _____ per month _____ per year

Is there an underlying disease or cause? yes no

If "yes", which ones?

Do you smoke? yes no

Do you or did you have a smoker's bronchitis? yes no

From when to when did the disease occur? from - to? _____

Was the disease treated as an outpatient or inpatient? outpatient inpatient

If you were treated as an inpatient, please give us a copy of the discharge report!

What examinations have been performed so far or are recommended?

radiographic (X-ray) when? _____ how often? _____

blood examinations when? _____ how often? _____

pulmonary function test when? _____ how often? _____

provocation test when? _____ how often? _____

bronchoscopy when? _____ how often? _____

others, which ones? when? _____ how often? _____

Findings, examination results?

Please provide us with a copy of the treatment and findings reports!

What treatment methods/therapies have been performed so far?

medication therapy (drug therapy),
name? - dosage? from - to? _____

inhalations from - to? _____

others, which ones? from - to? _____

Is there a bronchial asthma, lung malformation,
emphysema, lung fibrosis, hypoxemia, ventilation
disorders, COPD (chronic obstructive pulmonal disease)
or cor pulmonale (pulmonary heart disease)?

yes no

If "yes", which ones?

Are there other health consequences?

yes no

If "yes", which ones?

Are you still under medical control or observation?

yes no

Do you still have complaints today?

yes no

If "yes", which ones?

Are further diagnostic and/or therapeutic measures
necessary, intended or recommended?

yes no

If "yes", which ones?

Are you free of treatments and complaints?

yes no

If “yes”, since when?

If “no”, which complaints do you have?

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