HALLESCHE

Enclosure to the Questions of the State of Health

Name of Customer:

Policy n°:

Application/
Request of offer of:

Continuation of Details to the State of Health

To questi-on n°	To person n°	Type of disease or complaints, injuries, treatments, cures, etc., examination findings (**in case of check-ups, routine or control examinations please state the findings of the examination**), type of physical faults, psychological faults and required medicaments?	How often oc-curred?	From when/ to when?	Opera-tion?		Is it completely cured?		Total days absent from work?
					no	yes	no	yes	Since when? day/month/year
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Further details to the answered questions

To question n°	To person n°	Name and address of the person or hospital, clinic or other institutions who have treated you

I have received a copy of this enclosure

Place/Date	Signature of Customer