

# Medical Questionnaire



(Please use block letters)

Please read the information regarding the underwriting conditions in Section A before completing this "Medical Questionnaire".

## A) Underwriting Conditions

Please see the below stated underwriting conditions for new applicants who would like to apply for cover and existing customers who want to apply for an upgrade in cover. Further we refer to the terms and conditions stated in the membership guide of the insurance product you are applying for.

**Please note that you always have to complete a "Medical Questionnaire" for adopted children, children born as a result of fertility treatment and children born by a surrogate mother.**

**International Health and Hospital Plan:** A "Medical Questionnaire" must be completed for each person aged 10 years or over applying for cover and any child under the age of 10 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer.

**International Swiss Medical:** A "Medical Questionnaire" must be completed for each person applying for cover. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer\*.

**Superior:** A "Medical Questionnaire" must be completed for each person aged 10 years or over applying for cover or any child under the age of 10 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A".

**Worldwide Health Insurance:** A "Medical Questionnaire" must be completed for each person aged 16 years or over applying for cover, and any child under the age of 16 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer.

## B) General Information

For administration use

Membership number	BI	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Date	D	D	M	M	Y	Y	Y	Y
Broker number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Applicant details

First name (s)	<input type="text"/>
Family name (s)	<input type="text"/>
Occupation	<input type="text"/>
Date of birth	D D M M Y Y Y Y Age Male <input type="radio"/> Female <input type="radio"/>
Nationality	<input type="text"/>

### Other insurance

Do you have a health insurance with a Bupa group company or another insurance company?  Yes  No

Have you ever had a health insurance with a Bupa group company or another insurance company?  Yes  No

Company name	<input type="text"/>
Membership number	<input type="text"/>

Do you intend to keep your current insurance?  Yes  No

Have you ever had an application for health or life insurance declined or accepted subject to exclusions or at a premium above the insurer's standard rates?  Yes  No

If yes, please enclose complete information (terms and conditions and insurance documents)

Family name																					Date of birth	D	D	M	M	Y	Y	Y	Y
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## C) Medical History

This section asks for health and medical details, past and present about yourself.

Please tick Yes or No to every question. If you tick Yes to a question, please give full details in section D.

**If you do not provide us with full details we may cancel your cover or it may stop us from paying your claims and/or cause us to review the terms and conditions of your policy.**

Whether you are changing your benefits, or a returning Bupa customer, you must complete the medical history section in full so that we have an up to date record of your health.

For any of the medical conditions listed below (questions 1-13), please answer yes if you have:

- Seen a doctor, therapist or consultant in the last three years
- Been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last seven years

<b>1) Circulatory disorders</b> e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> N
<b>2) Endocrine (glandular) disorders</b> e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	<input type="radio"/> Y <input type="radio"/> N
<b>3) Breathing or respiratory disorders</b> e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N
<b>4) Stomach, intestines, liver or gall bladder problems</b> e.g. stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<input type="radio"/> Y <input type="radio"/> N
<b>5) Benign tumours, growths or pre-cancerous conditions</b> e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas	<input type="radio"/> Y <input type="radio"/> N
<b>6) Skin problems</b> e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N
<b>7) Brain or nervous system disorders</b> e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles), Parkinson's disease, motor neurone disease, cerebral palsy, encephalitis or meningitis	<input type="radio"/> Y <input type="radio"/> N
<b>8) Muscle or skeletal problems</b> e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<input type="radio"/> Y <input type="radio"/> N
<b>9a) Female urinary or reproductive system problems</b> e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, incontinence, ovarian cysts, polycystic ovaries, pelvic inflammation, cervical disease, endometriosis, dysmenorrhoea, irregular menstruation, fibroids, breast disease or infertility	<input type="radio"/> Y <input type="radio"/> N
<b>9b) Male urinary or reproductive system problems</b> e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy or enlarged prostate or infertility	<input type="radio"/> Y <input type="radio"/> N
<b>10) Blood/infective/immune disorders</b> e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N
<b>11) Eye, ear, nose and throat problems</b> e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis or gingivitis	<input type="radio"/> Y <input type="radio"/> N
<b>12) Mental health disorders</b> e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia or ADHD	<input type="radio"/> Y <input type="radio"/> N
<b>13) Congenital/Hereditary conditions</b> e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemas or hemochromatosis	<input type="radio"/> Y <input type="radio"/> N

Please also answer the following questions:

<b>14) Are you taking any medication, prescribed or otherwise?</b>	<input type="radio"/> Y <input type="radio"/> N
<b>15) Do you currently have, or ever had:</b>	
<input type="radio"/> Cancer	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Stroke	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N
<b>16) Are you receiving any treatment of any kind or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in questions 1 - 13?</b>	<input type="radio"/> Y <input type="radio"/> N
<b>17) In the last 3 months have you experienced any signs or symptoms of any medical problem, illness, or injury not yet diagnosed or treated?</b>	<input type="radio"/> Y <input type="radio"/> N

Family name																					Date of birth	D	D	M	M	Y	Y	Y	Y
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**Further details (for over 16s only):**

How tall are you?	<input type="radio"/> feet/inches	<input type="radio"/> metres/centimetres	<input type="text"/>
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How much do you weigh?	<input type="radio"/> stones/pounds	<input type="radio"/> kilograms	<input type="text"/>
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**D) Additional Information**

**This section applies if you have indicated “Yes” to any questions in section C. If you are unsure whether any details are relevant, you must include them.**

Please enter the question number (Questions 1-17 that you have answered YES to on the Medical Information Questionnaire)

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Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye):

When did the symptoms start and when was treatment completed?

What treatment did you receive and when (please include dates, names and details of medications)?

What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?

Please enter the question number (Questions 1-17) that you have answered YES to on the Medical Information Questionnaire)

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Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye):

When did the symptoms start and when was treatment completed?

What treatment did you receive and when (please include dates, names and details of medications)?

What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?

**Additional information: Do you have additional medical information?**  Yes  No

All relevant up-to-date medical reports should be enclosed in the event of any pre-existing medical conditions.

**If you experience any additional symptoms other than the above described before you receive your insurance documents, please notify us immediately. Failure to do so may affect your cover.**

If there is insufficient space, please use the notes sheet at the end of this form and indicate that you have done so by ticking here

Family name																					Date of birth	D	D	M	M	Y	Y	Y	Y
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## E) Privacy notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy). If you do not have access to the internet and would like a paper copy of the full privacy notice, please contact the Bupa Global service team on +44 (0)1273 323 563. Alternatively you can email or write to the team via [info@bupaglobal.com](mailto:info@bupaglobal.com) or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom. If you have any questions about how we handle your information, please contact us at [info@bupaglobal.com](mailto:info@bupaglobal.com)

### Information about Bupa Global

In this privacy notice, references to “we” or “us” or “our” are to Bupa Global. For company contact details, visit [www.bupaglobal.com/legal-notices](http://www.bupaglobal.com/legal-notices)

### 1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (“you”, “your”), in any way (for example email, website, telephone, app).

### 2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

### 4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 7 Transfers outside of the UK and the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the UK and the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

### 8 How long we keep your personal information

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

### 9 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [info@bupaglobal.com](mailto:info@bupaglobal.com). You can also use this address to contact our Data Protection Officer.

We are regulated by the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). You have a right to make a complaint to them or to your local privacy supervisory authority.



# Notes