MSH INTERNATIONAL

SIACI SAINT HONORE GROUP

THE ASSOCIATION OF AMERICANS RESIDENT OVERSEAS

MEDICAL QUESTIONNAIRE

For a couple, please fill out two medical questionnaires accordingly.

	Insured member	Spouse	Child n° 1	Child n° 2	Child n° 3
1. First name / Last name					
2. Height (cm)					
3. Weight (kg)					
All questions must be answered. Please add all requested details if necessary.					
4. Are you currently on sick leave?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Over the past three years, have you ever been on sick leave for more than 30 consecutive days?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Have you undergone surgery over the past 10 years (exclusive of appendectomies, tonsils, adenoids or gallbladder removals)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Are you scheduled to do so in the near future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Have you, over the past 10 years, been hospitalized in a hospital, clinic, nursing home or thermal spa facility?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Are you scheduled to do so in the near future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Over the past 10 years, have you ever suffered from an illness or condition that required medical supervision (therapy, medical care, medication) for more than 30 consecutive days?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. Are you currently under medical supervision (therapy, medical care) and/or are you taking prescribed medication (other than contraceptives)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Before enrolling in this plan, were you entitled to 100% Social Security coverage on medical grounds (for a long-term ilness)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

	Insured member	Spouse	Child n° 1	Child n° 2	Child n° 3
13. Over the past 5 years, have any of your medical or viral tests yielded abnormal results?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14. Are you entitled to a military or civil disability pension of more than 15 percent?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
15. Are you currently receiving dental care or are you scheduled to do so in the future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
16. Do you - smoke more than 10 cigarettes a day? - drink more than 2 glasses of wine (or equivalent) a day?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
17. Are you or have you been a drug user (marijuana, hashish, etc.)? - If you have quit, since when?	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______
18. Have you ever been in psychotherapy or consulted a psychiatrist? - If yes, when?	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______	☐ Yes ☐ No ______

If you answered yes to any of these questions for you or one of your dependents, please provide all details deemed useful (dates, medical grounds, carry-over effects, therapy, duration, etc.) on an additional page that you will date, sign and put in the envelope provided to the attention of the chief medical advisor, together with your request for coverage.

I hereby testify that the foregoing declarations are accurate, complete and fair.
I have been informed and I accept that any intentional withholding of significant information or proven false declaration that might mislead the Association's insurers may lead to the cancellation of the insurance cover and to the reduction of benefits in accordance with the provisions of Articles L. 113-8 and L. 113-9 of the French Insurance Code (Code des Assurances).

Town/City ________________________________

Insured member's signature
preceded by "Read and approved"

Date (dd/mm/yyyy) |__|__| |__|__| |__|__|__|__|

After the Insurer accepts your application (depending on your declarations and the type of plan and benefits applied for, you might be requested to send additional medical documents), you will receive a certificate of insurance stating your specific benefits and premiums, together with your contract's general terms and conditions.