

Austria 2017 – Health Questionnaire – To Provide Travel Insurance

Complete and return the form by **18th November 2016**

Return to:

Scott Leslie, 43 Skeltiemuir Avenue, Bonnyrigg , Midlothian EH19 3PX

Email: scott@leslie.com Tel: 0131 660 4553 or 07811202174

All information supplied in confidence.

Contact Information : For Travel Insurance Purposes

Full Name of Traveller:

Date of Birth:

Age at time of travel:

Address:

Post Code:

Home Telephone:

Mobile Telephone:

EMAIL:

Health Questionnaire Information

Blood Group:

Existing Allergies/Conditions:

Continued:

Have you:

a. been prescribed any medication, received any treatment, or attended any consultations Investigations or follow-ups, for **any** medical or psychological conditions in the last 2 years? If so, please provide full details:

b. EVER been prescribed medication, received treatment or had investigations for:

i. a heart attack, angina, chest pain(s), or any other heart condition

Y/N

ii. high blood pressure, blood clots, raised cholesterol, aneurysm or circulatory disease

Y/N

iii. any form of stroke, TIA (Transient Ischemic Attack), or brain haemorrhage

Y/N

If so, please provide full details

Continued:

Contd./

Asthma (wheezing) - Acceptable if:-

- There must have been NO hospital admissions EVER.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must be able to walk 200 yards on the flat without becoming short of breath.

Additional questions if you don't comply with above:

Have you ever had a diagnosis made of chronic airways disease (e.g. chronic bronchitis or emphysema)?

How long ago was the date of onset of your breathing problem?

How many medicines do you take for your respiratory condition (count each inhaler as one medicine)?

How many hospital admissions have you had for your respiratory condition in the last year?

Have you needed treatment in an intensive care unit for this condition?

Can you walk 200 yards on the flat without becoming short of breath?

Have you ever been prescribed oxygen for use at home?

Have you ever been a smoker? **No/Yes** - still smoking, Yes - gave up less than a year ago, 1 to 10 years ago, more than 10 years ago