ICS
INTACAPITAL SWITZERLAND

CONFIDENTIAL

HEALTH QUESTIONNAIRE

This form should be completed if the Principal; (i) has been hospitalised for more than 24 hours in the last 3 months, or (ii) has stated 'Poor Health' on a CIP, or (iii) is hospitalised for more than 24 hours during the application process. This information will remain confidential at all times and may effect your application.

(A) PERSONAL HEALTH DETAILS

YOUR NAME:		**COMPANY NAME:**	
DATE OF BIRTH:		DATE THIS FORM COMPLETED:	

PLEASE TELL US ABOUT YOUR CURRENT STATE OF HEALTH

IF YOU HAVE BEEN HOSPITALISED FOR MORE THAN 24 HOURS IN THE LAST 3 MONTHS, PLEASE TELL US THE REASON(S):

DATE YOU WERE ADMITTED TO HOSPITAL:

DATE YOU WERE RELEASED FROM HOSPITAL:

HAVE YOU BEEN ADMITTED TO HOSPITAL MORE THAN ONCE IN THE LAST 3 MONTHS? ☐ YES ☑ NO

IF 'YES' PLEASE PROVIDE DETAILS:

ARE YOU CURRENTLY ATTENDING A DOCTOR'S SURGERY OR A HOSPITAL? ☑ YES ☑ NO

IF 'YES' PLEASE PROVIDE DETAILS:

ARE YOU CURRENTLY TAKING ANY MEDICATION OR HAVING TREATMENT FROM A DOCTOR OR OTHER MEDICAL PRACTITIONER? ☑ YES ☑ NO

IF 'YES' WHAT TREATMENT OR MEDICINE ARE YOU RECEIVING?

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

DEPRESSION, ANXIETY, STRESS-RELATED ILLNESS OR OTHER MENTAL HEALTH ISSUES?	☑ YES	☑ NO
BLACKOUTS, FITS, EPILEPSY OR FAINTS?	☑ YES	☑ NO
HEART PROBLEMS?	☑ YES	☑ NO
DIABETES?	☑ YES	☑ NO
BREATHING DIFFICULTIES SUCH AS ASTHMA?	☑ YES	☑ NO
BACK. NECK OR OTHER PROBLEMS WITH ARMS, LEGS AND JOINTS?	☑ YES	☑ NO
ALCOHOL OR DRUG DEPENDENCY OR MISUSE?	☑ YES	☑ NO

IF 'YES' TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS:

DO YOU SUFFER FROM ANY MEDICAL CONDITIONS WHICH SIGNIFICANTLY AFFECT YOUR:

SIGHT?	☑ YES	☑ NO
HEARING?	☑ YES	☑ NO
WALKING?	☑ YES	☑ NO
ABILITY TO CLIMB STAIRS?	☑ YES	☑ NO
ABILITY TO BEND?	☑ YES	☑ NO
ABILITY TO LIFT?	☑ YES	☑ NO
STAMINA?	☑ YES	☑ NO

IF 'YES' TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS:

HAVE YOU EVER BEEN IN CONTACT WITH A SIGNIFICANT INFECTIOUS DISEASE, FOR EXAMPLE HEPATITIS OR TUBERCULOSIS ?

☑ YES
☑ NO

IF 'YES' PLEASE GIVE DETAILS AND DATE(S):

ABOUT YOUR LIFESTYLE

WHAT IS YOUR CURRENT HEIGHT IN CENTIMETRES ?

WHAT IS YOUR CURRENT WEIGHT IN KILOGRAMS?

DO YOU SMOKE ?

☑ YES
☑ NO

IF 'YES' HOW MANY CIGARETTES PER DAY DO YOU SMOKE:

☐ FEWER THAN 10 CIGARETTES PER DAY
☐ 10 – 20 CIGARETTES PER DAY
☐ MORE THAN 20 CIGARETTES PER DAY

DO YOU DRINK ALCOHOL ?

☑ YES
☑ NO

IF 'YES', HOW MANY UNITS OF ALCOHOL PER WEEK:

☐ UNDER 5 UNITS PER WEEK
☐ 5 – 20 UNITS PER WEEK
☐ MORE THAN 30 UNITS WEEK

DO YOU HAVE ANY DANGEROUS HOBBIES SUCH AS SKYDIVING, ROCK CLIMBING, MOTOR RACING ?

☐ YES
☑ NO

IF 'YES' PLEASE GIVE DETAILS:

HAVE YOU HAD ANY DAYS OFF WORK THROUGH SICKNESS OVER THE LAST 12 MONTHS ?

☐ YES
☐ NO

IF 'YES' PLEASE GIVE DETAILS:

(B) DECLARATION

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate. I declare that I am in sane mind and of healthy mental order.

Signed:

Dated: