

お客様の情報について、青文字の欄をご記入下さい。

Name and Surname(s):

Tax ID No. (N.I.F.)/Foreigner Identification

Weight (kg.):

Gender:

Number (N.I.E.):

Date of birth:

Height (cm.):

☐ Male

☐ Female

1. Have you been admitted to a health centre in the last 10 years, or do you have any admissions scheduled? ☐ YES ☐ NO

If yes, please indicate the reason and the date(s):

2. Have you undergone any surgery, or are you scheduled to undergo any surgery? ☐ YES ☐ NO

If yes, please indicate the reason and the date(s):

3. Do you have or have you had any tumours or cancer? If yes, please specify which and the date(s) of diagnosis ☐ YES ☐ NO

4. Have you or have you had any symptoms, pain or disorder persistently, regularly or recurrently, or are you under medical supervision or monitoring for any reason? ☐ YES ☐ NO

If yes, please indicate the reason and the date(s):

5. Have you or have you had any of the following types of condition, injury or disorder?

5.1 Cardiac, vascular, pulmonary or respiratory (e. g.: hypertension, arrhythmias, heart or circulatory failure, varices, asthma, emphysema, thrombosis, etc.). ☐ YES ☐ NO

5.2 Metabolic (of the endocrine system) or of the digestive system (e. g.: of the liver or pancreas, gastric or duodenal ulcer, hernias, diabetes, thyroid disease, etc.). ☐ YES ☐ NO

5.3 Rheumatic, bone or muscular (e. g.: arthritis, osteoarthritis, scoliosis, slipped disc, fibromyalgia, lupus, scleroderma, muscle disorder, trauma sequelae, psoriasis, etc.). ☐ YES ☐ NO

5.4 Of the nervous system, of the eyes or of the ears (e. g.: migraines, epilepsy, Parkinson's disease, paralysis, Alzheimer's disease, glaucoma, macular degeneration, vision loss, ADHD, etc.). ☐ YES ☐ NO

5.5 Haematological or clotting (e. g.: thromboembolism, anaemia, haemophilia, leukaemia, etc.). ☐ YES ☐ NO

5.6 Of the kidney, urological and genital tract, or gynaecological (e. g.: kidney failure, prostate problems, renal colic, sexually transmitted, gynaecological - breast, uterus, ovaries, etc.). ☐ YES ☐ NO

5.7 Psychiatric (e. g.: anorexia, bulimia, depression, anxiety, psychosis, schizophrenia, etc.). ☐ YES ☐ NO

5.8 Infectious diseases (e. g.: hepatitis, COVID-19, tuberculosis, parasitic infections, septicemia, tropical diseases, etc.). ☐ YES ☐ NO

If yes, please indicate which:

6. Do you take any medication? ☐ YES ☐ NO

If yes, indicate which, dose and frequency (regimen):

7. Do you consume alcohol or drugs or do you smoke? ☐ YES ☐ NO

If yes, indicate the type, amount consumed and frequency:

8. Do you have lesions or sequelae from a disease, congenital or hereditary disorder, malformations or an accident? If yes, please indicate which and provide a medical report: ☐ YES ☐ NO

9. Do you have any recognised handicap or disability, or are you in the process of being assessed for any? ☐ YES ☐ NO

If yes, please indicate which and provide a medical report:

↑問診票の内容をご確認の上、Yes/Noでお答えください。

Name and signature Mr/Ms:

ご署名

Taro Yamada

☒ In your own name ☐ As a policy contracting party or family member of legal age

Tax ID Number (N.I.F.)/Foreigner's Identification Number (N.I.E.):

署名された方の
パスポート番号

In 署名した所在地
(例: Tokyo)

on 日付 20 25

SECTION	INFORMACIÓN BÁSICA SOBRE PROTECCIÓN DE DATOS
Data controller	ASISA ASISTENCIA SANITARIA INTERPROVINCIAL, S.A.U.
Aim	To fulfil, control and execute the healthcare provision guaranteed in the insurance contract. To send marketing communications on goods and/or services of the ASISA Group.
Legitimacy	The legal basis for the processing of your data can be found in the execution of the insurance contract between the policy holder and ASISA. Similarly, the sending of marketing communications on goods or products similar to those already taken out by the interested party is based on the legitimate interest of ASISA.
Recipients of data transfers	Companies that form part of the ASISA Group and collaborating entities. People, organisations, or institutions that demonstrate a legitimate interest.
Rights	You can exercise your rights to access, rectify, delete, restrict, oppose, or transfer your data, to not be the subject of automated individual decisions, and to withdraw your consent.
More information	For more information, please contact the Data Protection Officer (DPO) of the ASISA Group (DPO@grupoasisa.com) or read the additional and detailed information on Data Protection on the ASISA website: www.asisa.es

Space reserved for medical advice

Assessment doctor:

Production Admin.:

Medical reports that you must provide to take out the insurance policy

Remarks: