HEALTH DECLARATION FOR A CHILD

(under the age of 16)

Company name and organization registration number

WHO IS TO BE INSURED?

Principal insured's name	Swedish social security number (if applicable) or date of birth	
E-mail	Insurance policy number	
Child's name	Swedish social security number (if applicable) or date of birth	
If applying for Expatriate insurance, please state	State from which date insurance is to apply	
Country of posting	Year Month Date	
Citizenship	Sex	

HEALTH DECLARATION

1. Has the child in the last 5 years been treated or examined at a hospital or other health care facility or otherwise by a doctor or other health professional, other than regular check-ups at the child health centre or school health service?	Yes No
2. Has the child been referred for any specialist examinations by the child health centre or school health service In the last 5 years?	Yes No
3. Has the child now, or had previously, any symptoms such as bronchial problems, allergies, hay fever, diarrhoea, dermatitis (including atopic dermatitis), dry skin or other skin disorders?	Yes No
4. Does the child have, or are there any indications of, late speech development, internal organs disorder, physical or psychological disability (including mental disorder or developmental disability) or any other physical defect or illness? Does the child undergo controls, treatment and/or medication for any illness, Injury, disability or late development?	Yes No
5. Does the child have problems with hearing or vision? If so, indicate whether it is one-sided or two-sided, and the nature and degree of the problem. In the case of nearsightedness (myopia), state the number of diopters if greater than 6, or attach a copy of the most recent prescription for glasses.	Yes* No
6. Does the child deviate in any way physically or mentally from other children of the same age? Has the child before school age received any special support in order to facilitate the child's development or has the child had any specially adapted (i.e. special school for children with special needs), or has the school start been postponed? If the answer if "yes", during which period and for what reason?	Yes No
7. Does the child receive any prescribed medicine or ointment? If the answer is "Yes", which medicine or ointment? Which doctor or health care centre did the prescription? During which period?	Yes No

*If your answer is "yes" to any of the questions 1-7, please also answer the questions on the next page.



PLEASE ALSO ANSWER THE QUESTIONS BELOW IF YOUR ANSWERS IS "YES" TO ANY OF THE QUESTIONS 1-5. ALL FOLLOW-UP QUESTIONS MUST BE ANSWERED.

Question No.	What disease, injury or disability does it concern?	When was the exam- ination, check-up or treatment carried out?	Which doctors/child care centres/school health services have been involved?	What kind of treatment/ medication has been carried out?	Which after effects or problems are there? If free from all symptoms, since when?

TO BE ANSWERED IF THE CHILD IS FROM 0 TO 6 YEARS OLD

The birth weight of the child?	In which week of pregnancy was the child born?
Has the child in the last 5 years been treated or examined at a hospital or other health care facility or otherwise by a doctor or other health profession- al, other than regular check-ups at the child health centre or school health service?	Yes No

OTHER OR ADDITIONAL INFORMATION

Please use a separate sheet of paper if you need to add something from the other questions on the form. Write the number of the question, the child's name and social security number at the top of the paper and then sign it and write the date.

SIGNATURE

I am aware that the information I have submitted in this health declaration will constitute the basis of my insurance policy. I am aware that incorrect or incomplete information may render the insurance invalid.

Date and place	Telephone		
Guardian's signature	Name in block letters		
The information obtained in this application will kept on file at If. If the application is not approved, the information will kept on file at If for 6 months.			
Personal data will be handled in observance of the provisions of the Personal Data Act (Personuppgiftslagen, PUL).			

PLEASE SEND THIS HEALTH DECLARATION TO:

lf Personforsakring Foretag/Industri SE-106 80 Stockholm After answering all questions and signing, you may also send it by e-mail to: foretagscenter@if.se

