## Industrial

## Health declaration for a child (under the age of 16)



Company name and organization registration number	Insurance policy 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 b	irth		
If applying for Expatriate insurance, please state country of posting	State from which date insurance is to apply			
Citizenship	Year Month Date Sex			
Health declaration				
Has the child in the last 5 years been treated or examined at a hospital doctor or other health professional, other than regular check-ups at the		Yes No		
Has the child been referred for any specialist examinations by the child In the last 5 years?	health centre or school health service	Yes No		
Has the child now, or had previously, any symptoms such as bronchial p dermatitis (including atopic dermatitis), dry skin or other skin disorder		Yes No		
4. Does the child have, or are there any indications of, late speech develop psychological disability (including mental disorder or developmental disorder or developmental disorder the child undergo controls, treatment and/or medication for any including the child undergo controls.	sability) or any other physical defect or illness?	Yes No		
5. Does the child have problems with hearing or vision? If so, indicate whe and degree of the problem. In the case of nearsightedness (myopia), stattach a copy of the most recent prescription for glasses.		Yes* No		
6. Does the child deviate in any way physically or mentally from other child has the child before school age received any special support in order to child had any specially adapted (i.e. special school for children with specific the answer if "yes", during which period and for what reason?	o facilitate the child's development or has the	]Yes □ No		
7. Does the child receive any prescribed medicine or ointment? If the answer is "Yes", which medicine or ointment? Which doctor or he which period?	alth care centre did the prescription? During	Yes No		

<sup>\*</sup>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 examination, check-up or treatment carried out?	Which doctors/child care centres/school health services have been involved?	What kind of treat- ment/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 professional, other than regular check-ups at the child health centre or school health service?							
Other or additional information							
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 signa	ature		Name in block letter	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:



