Medical Declaration

This document is complementary to the section E (Health Questionnaire) of your Application Form. Its contents shall be treated confidentially by our Medical Advisor.

Subscriber **Name :** **First Name** **Birthdate** _____ / _____ / _____

Name and first name	Question number	Date of the event Day / Month / Year	Diagnosis	Nature of treatment followed	Current condition	Future treatments

Signature : _____ **Place :** **Date :** ____ / ____ / ____